



Referral to Bobath Scotland Cerebral Palsy Therapy Centre

Date of referral:	
Client's name:	
Client's date of birth:	
Contact details:	
Diagnosis & cerebral palsy classification (if known):	
Name of person referring:	
Profession of person referring: (if applicable)	
Work address & telephone no. of person referring if different from client:	
Allied health professionals who are involved with the client (PT,OT, S<)	

Client's Health Board		
Client's Local Authority		
A brief medical history of the client and update on current medical & physical status:		
Reason for referral:		
How will treatment be funded?		
Local Health Board		Contact details: (if applicable)
Local Authority		Contact Name: Contact telephone number: Contact Address Contact email:
Self-Fund		Contact details: (if different from above)

Referral should be addressed to:

Head of Therapy
Bobath Scotland
Bradbury House
10 High Craighall Road
Glasgow
G4 9UD

Or email: [info@ bobathscotland.org.uk](mailto:info@bobathscotland.org.uk)

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What to expect after the referral has been received by Bobath Scotland

- We will send a questionnaire to all allied health professionals who work with the client and usually also follow up with a phone call to obtain information on the therapy input the client is currently receiving and what they would want us to focus on if they accepted for a block of therapy at Bobath Scotland.
- We will also send a questionnaire to the client/parents/carers if applicable, to obtain their view on the client's current status and to determine their expectations of a block of therapy at Bobath Scotland
- We aim for clients to be seen within 3 months of the referral being received
- In most cases new clients will be seen for an initial assessment by our multidisciplinary team prior to offering a block of therapy.
- Following the initial assessment, recommendations will be provided for the block of treatment, together with an estimated total cost.