



(ALL COUNTY REFERRALS)

Norfolk Portage Service, County Hall, Martineau Lane, Norwich, NR1 2DH

Tel: (01603) 704049

Email: portage.service@norfolk.gov.uk

REQUEST FOR REFERRAL TO

NORFOLK PORTAGE SERVICE

Please complete all sections of this form as far as possible and return to the Portage Co-ordinator at the address given above. (Please complete using BLOCK CAPITALS to assist processing; thank you)

Name of Child: Date of Birth:

Gender: Male ☐ Female ☐

Name of parents/carers and those with parental responsibility:

.....

Relationship of carer:

Preferred Title: Mother / Father/ Carer / Other.....

Family Address:

.....

Email Address:

Home Tel No: Mobile No:

Ethnicity see attached sheet.....

Language normally spoken at home within the family.....

Name of Referrer if different:

Profession of referrer:

Contact details of referrer:

.....

Please give details of the child's developmental and medical needs. (please attach any reports and state if any diagnosis of child's condition is known)



National Portage Association
Partners with Parents and Children

NAMES OF PROFESSIONALS INVOLVED:

Health:

Contact number

Paediatrician
Physiotherapist
G.P.
Occupational Therapist
Health Visitor
Speech Therapist
Play Therapist
Clinical Psychologist
Child Development Centre
Other

Children's Services:

Name of Social Worker:
ISSI ID
Department & Contact Details

Education

Does the child attend a pre-school setting? No ☐ Yes ☐

Name(s) of pre-school provision Number of sessions attended.....

Has the child been referred for an Education, Health & Care Plan? No ☐ Yes ☐

Date of initiation.....

Name of referrer.....

Profession of referrer.....

Any others involved with the child:

**Please sign,
(If signed by a professional please attach your copy of parental/carers consent)**

Signature Date

Norfolk County Council has a duty to care for your data in accordance with the 1998 Data Protection Act. We will only use the information you supply to contact the family.