<table>
<thead>
<tr>
<th>Service Name</th>
<th>Teams / Clinics</th>
<th>Referrals accepted from</th>
<th>Age limits for this service</th>
<th>Criteria for this service</th>
<th>Residence or GP</th>
<th>Additional referral guidance</th>
<th>Referral format required</th>
<th>Referrals received by</th>
<th>Contact numbers</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology</td>
<td>Professionals, Parents/carers</td>
<td>0-18 years</td>
<td>Manchester, Trafford, Salford &amp; Bury residents</td>
<td>CYPS referral form</td>
<td>Verbal</td>
<td>Post, Telephone, Fax, Email</td>
<td>Tel: 0161 232 4214 or 4135</td>
<td>Audiology</td>
<td>Tel: 232 1511 - New Born Screening</td>
<td>0161 232 4213</td>
</tr>
<tr>
<td>Children's Community Nursing team</td>
<td>see below</td>
<td>0-16 years</td>
<td>Manchester resident</td>
<td>CYPS referral form</td>
<td>Verbal</td>
<td>Email</td>
<td>Telephone, Fax</td>
<td>Tel: 0161 248 8561</td>
<td>Email: <a href="mailto:cmm-tr.ManchesterCCN@nhs.net">cmm-tr.ManchesterCCN@nhs.net</a></td>
<td>Tel: 0161 248 8505</td>
</tr>
<tr>
<td>Children's Asthma Service</td>
<td>GPs, School Nurse, Health Visitor, Consultants Practice Nurses CCNT</td>
<td>6 months-16 yrs</td>
<td>Manchester resident</td>
<td>CYPS referral form</td>
<td>Verbal</td>
<td>Email</td>
<td>Letter, Fax</td>
<td>Tel: 0161 248 1226</td>
<td>Fax: 0161 248 6267</td>
<td>E-mail: <a href="mailto:ManchesterCCNchronicasthma@nhs.net">ManchesterCCNchronicasthma@nhs.net</a></td>
</tr>
<tr>
<td>Children's Continence Service</td>
<td>Consultant Paediatrician, Consultant Neurologist, Self Referral</td>
<td>1-6 yrs</td>
<td>Manchester resident or Manchester GP</td>
<td>CYPS referral form</td>
<td>Verbal</td>
<td>Email</td>
<td>Post, Fax</td>
<td>Tel: 741 2030</td>
<td>Fax: 741 2029</td>
<td>Email: <a href="mailto:cmm-tr.jointchildrenscontinence@nhs.net">cmm-tr.jointchildrenscontinence@nhs.net</a></td>
</tr>
<tr>
<td>Children's Epilepsy Service</td>
<td>GPs, Consultant Paediatrician, Consultant Neurologist</td>
<td>0-19 years</td>
<td>Manchester resident</td>
<td>CYPS referral form</td>
<td>Verbal</td>
<td>Email</td>
<td>Post, Fax</td>
<td>Tel: 0161 741 2023</td>
<td>Fax: 0161 741 2024</td>
<td>Email: <a href="mailto:cmm-tr.ChildrensEpilepsyTeam@nhs.net">cmm-tr.ChildrensEpilepsyTeam@nhs.net</a></td>
</tr>
<tr>
<td>Children's Palliative care</td>
<td>GPs, Colleagues, fellow professionals, Individual and families (self-referral), Hospital Paediatricians, Community Paediatricians</td>
<td>0-18</td>
<td>Manchester GP</td>
<td>Letter - see medical information request</td>
<td>Fax</td>
<td>Post, Fax</td>
<td>Fax, Email</td>
<td>Tel: 0161 248 1257</td>
<td>Fax: 0161 248 6267</td>
<td>Email: <a href="mailto:starteam@nhs.net">starteam@nhs.net</a></td>
</tr>
<tr>
<td>Children's Special Needs Nursing</td>
<td>GPs, Colleagues, fellow professionals, Individual and families (self-referral), Hospital Paediatricians, Community Paediatricians</td>
<td>0-19</td>
<td>Manchester resident, Or Children attending specialist schools</td>
<td>Children's Special Needs Nursing leaflet</td>
<td>Email</td>
<td>Post, Fax</td>
<td>Fax, Email</td>
<td>Tel: 0161 248 1257</td>
<td>Fax: 0161 248 6267</td>
<td>Email: <a href="mailto:cmm-tr.specialneedsnurse@nhs.net">cmm-tr.specialneedsnurse@nhs.net</a></td>
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<tr>
<td>Health Visiting</td>
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</tbody>
</table>
### Occupational Therapy
- Referral can be sent to preferred clinic
  - Manchester GPs, Health Visitors, Hospital Consultants, Paediatricians, Education, other Health Professionals, parents and carers.
  - 0-7 years 4-18 if attend Manchester Special School
  - Manchester GP Attends Manchester Special School
  - CYPS referral form  
  - Post
  - Telephone
  - Fax
  - Email

### Orthoptic Service
- Referral can be sent to preferred clinic
  - Manchester GPs, Health Visitors, School Nurses, Hospital Consultants, Paediatricians, Education, other Health Professionals, parents and carers.
  - 0-18 years
  - CYPS referral form
  - Letter
  - Post
  - Fax
  - Telephone

### Paediatrics
- North : Community Paediatric Department
  - GPs, Consultants, Health Visitors, School Nurses Therapists.
  - 0-18 years
  - 19 if in a specialist support school in Manchester
  - Manchester GP Attends Manchester Special School
  - CYPS referral form
  - Email
  - Post
  - Fax

### Physiotherapy
- Community (referrals to Gorton or Baguley depending on area) Musculoskeletal (referrals to Gorton Therapy centre)
  - Health Professionals
  - 0-18 years
  - 19 if in a specialist support school
  - Manchester GP
  - CYPS referral form
  - Post
  - Telephone
  - Fax
  - Email

### Podiatry
- Podiatry North (Pennine Acute Hospital NHS Trust)
  - Self referral
  - 0-18 years
  - GP
  - Post
  - Telephone
  - Fax
  - Email

- Podiatry Central (Central Manchester Foundation NHS Trust)
  - GP
  - Health Professional
  - 0-18 years
  - GP
  - Self referral
  - 0-18 years
  - GP
  - Fax

### Speech and Language Therapy
- Health Professionals
  - Parents/carers
  - Education staff
  - RHODEYS
  - 0-18 yrs
  - Up to 19 yrs if in specialist support school
  - Manchester GP or
  - Manchester Special School
  - CYPS referral form
  - Post
  - Telephone
  - Fax
  - Email

### School Health
- North Healthy Child Programme Team
  - Children Young People
  - Parents/carers
  - School age
  - Manchester schools
  - Fax
  - Tel: 07507330205

- Healthy Child Programme Team
  - Early Help Assessment Form
  - CYPS referral form
  - Fax
  - Email

### Vulnerable Baby Service
- Citywide Service
  - CMPT staff
  - Unborn – 1 year
  - Manchester resident
  - Early Help Assessment Form
  - CYPS referral form
  - Fax
  - Email