

CHO7 (DSKWW) Referrals Process to CDNTs

www.cho7cdnt.ie



FILL OUT THE FORMS

Fill out the '[Children's Services Referral Form](#)', and the 'Additional Information Form' for your child's age category:

[0-11 mths](#)

[12 mths - 2 yrs 11 mths](#)

[3 yrs - 5 yrs 11 mths](#)

[6 yrs - 11 yrs 11 mths](#)

[12 yrs - 17 yrs 11 mths](#)

Include any previous reports or assessments done for your child.

SEND THE FORMS TO YOUR LOCAL CDNT

The CDNT you refer your child to will be based on your child's home address. [See our Team Pages](#) for contact details for our 11 CDNTs and the areas they cover. See also [our map of their catchment areas](#).

YOUR REFERRAL IS REVIEWED BY THE CDNT

Clinicians within the CDNT will look at all the information you have provided in your referral forms. They will use this information to decide on the most appropriate service for your child.

IF YOUR CHILD HAS NOT BEEN ACCEPTED ONTO THE TEAM

You will be told why your child has not been accepted. Based on the referral information given, the CDNT may suggest your child's needs may be best met by Primary Care or by CAMHS. The CDNT will refer your child to the local Primary Care team. For CAMHS, your GP will need to make the referral for you.

IF YOUR CHILD HAS BEEN ACCEPTED BY THE TEAM

The team will let you know the next steps and give you an idea of when you can expect to receive services, and give you their contact details.