**Please return this form to:** **amindfulpaws@pm.me**

**Referral Form**

|  |
| --- |
| **DATE:** |
| **NAME of YOUNG PERSON:****DOB:****GENDER:****ETHNICITY:****ADDRESS:****EMAIL:****CONTACT NUMBER:****AWARE of REFERRAL: YES****[ ]  NO****[ ]** **CONSENT to REFERRAL: YES[ ]  NO[ ]**  |
| **NAME of REFERRER:****ROLE/DESIGNATION:****ORGANISATION:****EMAIL ADDRESS:****CONTACT NUMBER:** |
| **PARENT/CARER NAME:****ADDRESS:****EMAIL ADDRESS:****CONTACT NUMBER:****AWARE of REFERRAL: YES[ ]  NO[ ]** **CONSENT to REFERRAL: YES[ ]  NO[ ]**  |
| **REASON for REFERRAL:** |
| **WHAT IS THE DESIRED OUTCOME of the REFERRAL?****YOUNG PERSON:****PARENT/CARER:****REFERRER:** |
| **DOES THE YOUNG PERSON HAVE AN Early Help Assessment (EHA)? YES[ ]  NO[ ]** **ARE THEY OR THEIR FAMILY RECEIVING SUPPORT FROM THE DISTRICT EARLY HELP TEAM? YES[ ]  NO[ ]** **ARE THEY SUBJECT TO CHILD PROTECTION or CHILD IN NEED? YES[ ]  NO[ ]** **DO THEY HAVE AN Education Health Care Plan (EHCP)? YES[ ]  NO[ ]** **ARE THEY OPEN TO the Child and Adolescent Mental Health Service (CAMHS)?** **YES[ ]  NO[ ]** **IS THE YOUNG PERSON CURRENTLY RECEIVING ANY OTHER SUPPORT (School nurse/counsellor/CHUMS/Centre 33 etc)?** **HAVE THEY RECEIVED SUPPORT FROM ANY OF THE ABOVE SERVICES IN THE PAST (Please specify)?** **PERMISSION TO LIAISE WITH PROFESSIONALS INVOLVED? YES[ ]  NO[ ]**  |

**PLEASE PROVIDE ANY FURTHER INFORMATION THAT YOU BELIEVE WOULD BE HELPFUL FOR US TO ESTABLISH THE MOST APPROPRIATE SUPPORT FOR THE YOUNG PERSON REFERRED:**

**DATA/INFORMATION IS KEPT IN LINE WITH OUR GDPR POLICY, A COPY OF WHICH CAN BE SENT ON REQUEST.**

|  |  |  |
| --- | --- | --- |
| Text, letter  Description automatically generated | A picture containing text, clipart  Description automatically generated | Shape  Description automatically generated with medium confidence |