**PROFESSIONALS REFERRAL FORM**

**TO REFER A YOUNG PERSON INTO SINGLE POINT OF ACCESS**

**PLEASE COMPLETE ALL THE WHITE AREAS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | | **CONSENT TO BE REFERRED INTO A SERVICE GIVEN BY:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Child/young person** | | | | | | | | |  | | | | | | | **Parent/Carer** | | | | | | | | | | |  | | | | | | | **Both** | | | | | |  | | | | | **Date of Referral** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.** | | **Presenting Issues:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What mental health difficulties does the young person present with and how long have they struggled with these difficulties?**  **How does this impact their life? Are they able to attend school, socialise?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | | **Identified Risk in relation to:**  **the child young person themselves; others (violent behaviour – risk to staff in small room); from others;**  **If risks identified what safety planning has been completed with the YP and family? (give CYPS number 0800 6522864, lock away medication, lock away sharps, does a safeguarding referral need to be made?)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there any evidence of self-harming** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | **NO** | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there any evidence of suicidal ideation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | **NO** | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | | **Has the child/young person previously been involved with other mental health/emotional wellbeing services – if so give details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.** | | **What outcomes are expected by the child/young person being referred into a service:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **To be able to have access (counselling/ assessment, to improve mood, to help with concentration or just to speak to a professional for advice)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.** | | **REFERRER DETAILS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referrer's full name :** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Job title:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referrer's location address:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Email address:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referrer's telephone number:** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the child/young person been seen by you as a Referrer:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | **NO** | | | |  | | | | | |
| **7.** | | **ABOUT THE CHILD/YOUNG PERSON:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NHS No.** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **Gender:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date of birth:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Main contact number:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **Email address:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do we have their permission to leave a voicemail/text – please tick box** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | |  | | | **NO** | | | | | |  | |
| **First language:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Do you they need an interpreter?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | |  | | | **NO** | | | | | |  | |
| **Sign language required:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | |  | | | **NO** | | | | | |  | |
| **Do they need any further support to help them attend their appointment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | |  | | | **NO** | | | | | |  | |
| **if Yes to above what support do they need:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnicity:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Asian** |  | **Bangladeshi** | | | | | | | |  | | | | **Black – African** | | | | | | | | | | | | |  | | | **Black Caribbean** | | | | | | | | | | | | | |  | | **Black – Other** | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |  | | | |
| **Chinese** | | |  | | | **Indian** | |  | | | | **Mixed – White and Asian** | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Mixed – White and Black African** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |
| **Mixed – White and Black Caribbean** | | | | | | | | | | | | | | | | | | | | |  | | | | **Pakistan** | | | | | | | |  | | | **White British** | | | | | | | | | | | |  | | **White Irish** | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | |
| **White – Other Background** | | | | | | | | | | | | | | | |  | | | **Other** | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the child/young person a looked after child** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | | | **NO** | | | | | |  | |
| **Does the child/young person have a child protection plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | | | **NO** | | | | | |  | |
| **Registered GP Practice:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School/college attended:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home educated:** | | | | | | | | | | | | | | | | | | **YES** | | | | |  | | | | **Not in education employment or training:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | |  | |
| **Has the child/young person an education health and care plan:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | |  | | | **NO** | | | |  | | | | | | **Unknown** | | | | | | | | | | | |  |
| **Are they undertaking paid employment/apprenticeship:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | |  | | | | | |
| **Permission given to contact child's school/college:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **NA** | | | |  | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | |  | | | | | |
| **Has the child/young person any other health problems or diagnosis - give details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.** | **PARENT/CARER DETAILS:** | | | | | | | | | | | | | | | | | | | | **Relationship to child/young person:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full name of main parent/carer:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent/Carer contact details:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the child/young person give permission for the parent/carer to be contacted:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | **NO** | | | | | |  | |
| **Address (if different from above):** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.** | **Any Supporting information:** | | | | | | | | | | | | | | | | | | | | | | | | | **Who does the young person live with?**  **Any safety planning completed/ safeguarding referral’s made include details here** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please email this referral form to :** [NGSPAadmin@cntw.nhs.uk](mailto:NGSPAadmin@cntw.nhs.uk) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Date: 22.5.24

Review due: 22.5.25