**Please return this form to:** [**amindfulpaws@pm.me**](mailto:amindfulpaws@pm.me?subject=Referral%20Form)

**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.**

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