



Professionals' Referral Form

Name, address and contact details of professional generating the referral:

Name:			
Job Title:			
Agency:			
Address:			
email address:			
Telephone: (office/base)		Telephone: (mobile)	
Signature:		Date of request:	

Section 1a: Child/Young Person's details

First name:		Last name:	
Date of birth:		Age:	
Gender:		Ethnicity:	
Name of parents/carers:		School/College Name & Address:	
Home address:		Form teacher/head of year:	
Parent(s)/Carer's contact No:		Contact No:	
Name and address of current General Practitioner: (if not referrer)		Contact No:	
		NHS No (if known):	
Is the child/young person aware of the referral?	<input type="checkbox"/> YES/NO	(please circle)	
Does the child/young person consent to this referral being made?	<input type="checkbox"/> YES/NO	(please circle)	

Section 1b. Living arrangements and key relationships:

Young person is: (please circle all that apply)

Living with parent(s) Looked after Adopted Kinship placement Other (please describe)

Child/Young person has siblings: YES/ NO (please circle) Living at home? YES/ NO (please circle)

Details of parent(s)/main carers/siblings:

Name	Relationship	Contact details	Parental responsibility
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO (please circle)
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO (please circle)
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO (please circle)
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO (please circle)
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO (please circle)
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO (please circle)
			<input type="checkbox"/> YES/ <input type="checkbox"/> NO (please circle)

Section 2. Needs and concerns

2a. Reasons for Referral:

Please state nature of difficulties, onset, frequency and duration, interventions tried; impact on child and family; impact on education and any relevant medical history

2b. Social/family background

Please provide details of family composition and ages, occupations/employment, any parental mental health concerns, any child welfare concerns and relevant life events e.g. divorce, separation, bereavements, domestic violence, drug/alcohol misuse

2c. Impact on child/young person at school:
Please provide information on the child's behaviour and attainment/performance at school

2d. Child/Young Person:
Please give details of what the child/young person would like to happen as a result of this referral.

2e. Parents/Carers:
Please give details of what the parent(s)/carers want to happen as a result of this referral

Section 3. Outcomes anticipated:
In making this referral, what outcomes are you anticipating for the child/young person/family?

Section 4. Other Agencies involved

Please tick if any of the following professionals/services have worked with the child/young person/family.

- | | |
|--|---|
| <input type="checkbox"/> School nurse | <input type="checkbox"/> CAMHS service |
| <input type="checkbox"/> Health visitor | <input type="checkbox"/> School counsellor |
| <input type="checkbox"/> Social Care | <input type="checkbox"/> Paediatrician |
| <input type="checkbox"/> Speech & Language therapist | <input type="checkbox"/> Educational psychologist |
| <input type="checkbox"/> Youth offending team | <input type="checkbox"/> Education welfare officer |
| <input type="checkbox"/> Inclusion learning support | <input type="checkbox"/> Adult mental health services
(for parents/carers) |
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Other (please state) |

Section 5. Consent

Please note, this section is important and MUST be completed.

Do you have the parent/carer's consent for this referral?
(Nature and Nurture does not normally see children or young people without the consent of their parent(s) or carer) YES/NO

Does the parent/carer give consent for contact with other agencies (as shown in Section 4) who are involved with the child/young person/family and the sharing of information? YES/NO

Does the young person give consent for contact with the other agencies (as shown in Section 4) who are involved with the child/young person/family and the sharing of information? YES/NO

Has this form been copied to the parent/carer? YES/NO

Has this form been copied to the child/young person? YES/NO

If the child/young person was seen alone, are their parent(s)/carers aware of the referral? YES/NO

5a. If no consent is given, please state why:

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Any other comments

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Send your completed referral form and any associated paperwork to:
Nature and Nurture CIC, Sunshine Barn, Church Farm, Osmaston, Ashbourne, Derbyshire DE6 1LX
For advice/consultation, please telephone: 01335 418139