Referral Form

St George's University Hospitals NHS Foundation Trust

Details of baby, child or young person being assessed

Name

Contact telephone no.

Male ☐ Female ☐

D.O.B. or E.D.D

Address

Postcode

Ethnicity e.g. White (White British, White Irish, or any other white background), Black or Black British (Caribbean, African, or and other Black background), Asian, or Asian British (Indian, Pakistani, Bangladeshi, or any other Asian background), mixed (White and Black Caribbean, White and Black African, White and Asian, or any other mixed background), Chinese or other ethnic.

Religion

Child or young person's first language

Parent(s) first language

Is the child or young person disabled? Yes ☐ No ☐

If 'yes, give details

Is an interpreter or signer required? Yes ☐ No ☐

Has this been arranged? Yes ☐ No ☐

Details of any special requirements

Details of person undertaking assessment

Date of Assessment

Name of person undertaking assessment

Role

Organisation

Address

Postcode

Telephone no.

Email address

What has led to this child or young person being assessed?

Details of persons with parent responsibility

Name		Name	
Address		Address	
Contact phone no.		Contact phone no.	
Relationship to baby, child or young person		Relationship to baby, child or young person	
Parent or carer present at the assessment (name)			

Current family & home situation

e.g. family structure and who the child lives, with and doesn't live with, including siblings, other significant adults etc.
(provide as much information as you can, this will produce a genealogy of this child's/children's network)

Agency involvement with this baby, child or young person

e.g. Health Visitor, Education Welfare Officer, School Nurse, Community Mental Health, Voluntary organisations or any other services or groups involved.
Please include name, role and contact details (Including telephone no.)

Service		Role		Tel.	
Educational provision		G.P.			
Contact details		Contact details			
Agency		Agency			
Contact details		Contact details			

Family Summary

consider both strengths and needs in the following areas. It is not necessary to fill the boxes and comment on every element but to make comments focused on the strengths and needs that are relevant to the current situation

1. What are we worried about?

Past Harm

Danger Statement

Complicating Factors

2. What is going well?

Strengths

Safety
(Strengths demonstrated over time)

4. What needs to happen?

Safety Goal

Next Steps

3. Safety Scale 1 2 3 4 5 6 7 8 9 10

Conclusions, Solutions and Actions

Work together to name the key changes people want to see and include any major differences if there are any.

What actions will be taken and by whom?

Action	Who will be doing this?	By when?
Action	Who will be doing this?	By when?
Action	Who will be doing this?	By when?
Action	Who will be doing this?	By when?
Action	Who will be doing this?	By when?
Action	Who will be doing this?	By when?

Child or young person's view of the assessment and identifed goals
Does this capture your views and give a way forward?

Parent or carer's view of the assessment and identifed goals
Does this capture your views and give a way forward?

Practitioner's view of the assessment and identifed goals
Does this capture your views and give a way forward?

Lead Professional: Date:

TAC Review date:

Consent for information storage and information sharing

I understand the information recorded on this form and that it will be stored and used for the purpose of providing services to:

☐ myself or this baby, child or young person, for who I am ☐ parent ☐ carer

Do you agree to the information recorded on this form being shared with other people/services?

☐ Yes ☐ No

Please list below the services that this information can be shared with.

National service list categories

Consent statement for information sharing

Signed Name Date

Print Save