|  |  |  |  |
| --- | --- | --- | --- |
| **Forename of child** | **Surname of child** |  | **Referrer Name** |
|  |  |  |  |
| **Parent’s names**  |  | **Designation** |
|  |  |  |
| **Address**  |  | **Address** |
|  |  |  |
|  |
|  |
| **Postcode** |  |
|  |  |
| **School/Nursery**  |  |
|  |  |
| **How long have the family lived in the UK?** |  |
|  |  | **Telephone Number** |
| **Contact Numbers** | **Gender** |  |  |
|  | Male [ ]  Female [ ]  |  | **Fax Number** |
| **NHS Number** | **Date of Birth** |  |  |
|  |  |  |  |
| **Languages Spoken** | **Languages Read** | **Is interpreter needed** |
|  |  | Yes [ ]  | No[ ]  |

**Referral information**

|  |
| --- |
| **Which services do you consider are needed** |
|  |
| **State if mental health needs requiring assessment by CAMHS** |
|  |
| **Principle reason for referral** |
|  |
| **Nature of concern** |
|  |
| **Any additional information that you feel is relevant?**  |
| *(Please attach relevant documentation & reports)* |
| **Other professional’s / services currently involved with the family?** |
| *(Please provide details of relevant previous input as well if available)* |
| **Any Safeguarding concerns?**  |
| Yes [ ]  | No [ ]  | Not known [ ]  |
| *(If yes please specify with details of Social Worker if Known)* |
| **Any Special Education Needs**  |
| Yes [ ]  | No [ ]  | Not known [ ]  |
| *(If yes please specify*)  |
| **Please record if the patient has given consent to access information recorded via the SystmOne Electronic Record System.** |
| *(please note referrals cannot be processed without consent obtained)*Consent given [ ]  Dissent given [ ]  Consent obtained on patient’s behalf [ ]  |
|  |
| **Views of child/parent or carer: *(optional)*** |
|  |
|  |
| **Signature** | **Date** |
|  |  |

**Once completed please return form to us by:**

|  |  |  |
| --- | --- | --- |
| **Email:**  | fypc.referrals@nhs.net |  |
| **Post:** | Leicestershire Partnership Trust, Families, Young People, Children, Learning Disabilities, and Autism Services (FYPCLDA)Room 500 Rutland Building, County HallLeicester Road, Glenfield LE3 8RA |

*Where possible please complete the form electronically, if completing by hand please use additional sheets if needed. For more information view www.leicspart.nhs.uk/fypcreferrals.*