

## Referrer Information

**Referrer name**

**School name**

**Job title**

**Referrer Contact Telephone**

**Referrer's Email**

**If at primary school, please give the class teacher's email address**

**Is this referral for individual or group work?**

## Consent Information

**YMM continue to operate throughout the school holidays in venues external to schools. Young people will be expected to attend appointments offered outside school terms. Has this been discussed with parents and young people?**

Yes/ No

**Has consent been given for this referral?**

- Yes, by parent/carer

- Yes, by young person

**Has the possibility of the referral being signposted, or discussed with one of our partner agencies, been discussed with the young person and/or parent carer?**

Yes - parent/carer

**Young person information**

**Full name**

**What is the young persons preferred pronouns?**

**Date of Birth:**

**Gender**

**School year**

**Religion**

**Ethnicity**

**Uk Residence Status**

**Preferred language**

**Interpreter required?**

**Address**

**The initial assessment will usually be face to face in the first instance, but there is a potential for an online assessment for those that prefer.**

Face to face / Online

**Your referral may be signposted to Let's Talk Well, please indicate your preference for contact with Let's Talk Well**

Face to face / Online

**GP Surgery Name**

**GP Phone number**

**Preferred contact for arranging appointments?**

With parent/carer or directly with young person

**Preferred method of contact for arranging appointments**

Mobile (call) / Email

**Parent/Carer information**

**Parent/carer full name**

**Relationship to young person**

**Parent/ carer phone number**

**Email address**

**Preferred language**

**Interpreter required?**

**Does this person have parental responsibility?**

**Does anyone else have parental responsibility?**

**Relationship to young person**

**Household Information**

**Please give the name, date of birth (if known), school attending (if applicable) and relationship to the young person for each person living in the household.**

**Home life and parents / care givers views.**

**Current school attendance (percentage)**

**Are they on a part-time timetable due to mental health needs?**

**Summary of presenting needs**

**Presenting difficulties**

**Please give a description of the young person's current emotional or mental health difficulties, indicating the frequency/severity of these behaviours and difficulties and how these are impacting on the child, family or their education. Please try to include the young person's view as well as yours, and the parents/carers if appropriate. When was the difficulty first noticed? Would you describe it as mild or moderate? What has been tried before in terms of support? Are there multiple agencies involved? Are there any communications challenges that might interfere with treatment (including for the parents)? Are you aware of any complex needs eg eating disorder, PTSD, significant trauma or risk?**

**What support is the school providing to the young person at this time?**

**What would the Young Person like to get out of support from the mental health support team.**

**Does the young person have a disability, learning, psychological or sensory need?**

**Please state any reasonable adjustments required.**

**Is the young person on any medication?**

Yes/No

**Are there any concerns around substance misuse?**

Yes/No

**Is the young person known to social care?**

Yes/No

**Is the young person a young carer?**

Yes/No

**Is the young person on the Graduated Pathway?**

Yes/No

**Please tell us which Pathway Plan.**

My Plan (for example)

**Is the young person a Looked After Child?**

No

**Is the young person currently/previously open to CYPS?**

Yes (currently) /No

**Does this young person have (or had previously) a Child Protection Plan?**

No (never been subject to a CPP)

**Any known self-harming behaviour in the last 3 months?**

Yes/No

**Any known suicidal thoughts or acts?**

Yes/No

**Are there any safeguarding concerns about this young person?**

Yes/No

**Are there any siblings, or parents / care givers previously or currently known to mental health services?**

Yes/No

**Details of current or previous engagement.**