





Children & Young Persons Referral Form

PLEASE COMPLETE ALL PARTS OF THIS FORM Out> Tel: <Organisation Details>

Name of Referrer: <referrals out=""></referrals>	Tel: <organisation details=""></organisation>	
Service of Referrer: GP Practice	Email: <organisation details=""></organisation>	
DETAILS OF THE CHILD/YOUNG PERSON		
Name: <patient name=""></patient>	Date of Birth> Year Group:	
School/College Attended: <patient school=""></patient>		
SEN Status:		
Address:	Gender: <gender></gender>	
<patient address=""></patient>	Ethnicity: <ethnicity></ethnicity>	
	Religion: <religion></religion>	
	Sexual Orientation:	
	GP name & address <gp name=""> <organisation address=""></organisation></gp>	
Telephone No: <patient contact="" details=""></patient>	Name of parent/carer (please identify relationship if not parent)	

Email: <patient contact="" details=""></patient>	<relationships></relationships>
Looked After Child: <read check<br="" code="">Box(image)></read>	Parental responsibility: Yes No
Disability: Yes No	If yes, description of disability
Is the Child subject to a Child Protection Plan: Yes No	Is GP aware of this referral?
CAF Referral Yes No	□Yes □No
CAMHS Referral Yes No	
If child is attending CAMHS, at what stage is this?	
TADS offer limited one to one therapy sessions and also small group workshops.	
Please indicate if group sessions may be a problem for this child/young person and if so why?	

What has led you to make this referral? (Please include details of child's mental health and how this is impacting on their daily life at home and at school)		
i.e. school refusal, anxiety, social phobia, depression etc.		
Any known medical conditions?		
<problems></problems>		
Child's view of this referral		
Parent/Carers view of this referral		
Are parents/carers committed to attending all appointments made by our service		
Are there any barriers to attending any appointments		
5 7 11		
Signature of Referrer: Date: <today's date=""></today's>		
I agree to this referral being made to TADS		
Signature of Child: Date: <today's date=""></today's>		

Parent or Carer must accompany child/young person to appointment