Version 1.0 October 2017

Healthy Young Minds Referral Form

Name:	**D.O.B.:**	**Age:**
NHS no: **RT2 no (if known):**	**Ethnicity:**	**Gender :**
Family's first language:	**Is an interpreter required?**	YES ☐ NO ☐
Current Address:	**Current School:**	
Tel: **GP Name & Practice address:**	**Tel:** **Tel:**	

Does the child have a statement of special educational need? YES ☐ NO ☐

Details…….

Has or is the young person accommodated by a Local Authority? YES ☐ NO ☐

Child's legal status ……..
Is or has the young person on the Child Protection Register? YES ☐ NO ☐
If yes, please supply additional information.

Names of Parents / Carers:

Siblings:

Are any Siblings involved in other services:
YES ☐ NO ☐ - If Yes please provide information

Parental agreement to referral: YES ☐ NO ☐
(Required for referral)

CURRENT NEEDS/ Difficulties / Concerns & PLAN OF CARE
(Include CAF, copy of assessment reports, care plan and/or recent clinic letter(s) if available

Duration of : - 0-6 months 6-12 months 12+

CURRENT MEDICATION
(include dosage)

HOW SOON DOES CHILD NEED TO BE SEEN
(Consider risk, medication and current frequency of contact of other parties involved)

OTHER AGENCIES INVOLVED	CURRENT INV (Tick)	PAST INV (Tick)	Contact Name and Number	INVOLVEMENT SUMMARY (what have they done?)

Referrer Name: **Agency:**
Contact Details:

Signature of Referrer: **Date**

STOCKPORT:	**ROCHDALE:**	**OLDHAM:**	**TAMESIDE:**	**BURY:**
Child and Family Service, Treehouse Children' Centre, Stepping Hill Hospital, Stockport SK2 7JE Tel: 0161 7165868 Fax: 0161 4192081	Child and Adolescent Unit, Birch Hill Hospital, Union Road, Rochdale OL12 9QB Tel: 01706 676000 Fax: 01706 676001	Child and Family Service, Reflections, Royal Oldham Hospital, Rochdale Road, Oldham OL1 2JH Tel: 0161 7162020 Fax: 0161 7162059	Child and Family Therapy Service, Springleigh, Waterloo Road, Stalybridge SK15 2AU Tel: 0161 7163600 Fax: 0161 7163601	Child and Family Service, Fairfield General Hospital, Rochdale Old Road, Bury BL9 7TD Tel: 0161 7161100 Fax: 0161 7161103