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## **REFERRAL FORM** for completion by Social Worker

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| --- | --- | --- | --- |
| Social Worker’s Name: | | | Date: |
| **SECTION 1 – FAMILY HISTORY** | | | |
| **DETAILS OF CHILD BEING ASSESSED** | | | |
| Name |  | Date of Birth |  |
| Address |  | | |
| **RELEVANT INFORMATION ABOUT BIRTH FAMILY** | | | |
| Names and Ages of Birth Siblings | | | |
| Issues Relating to Birth Family  (e.g. Substance misuse, mental health issues, domestic violence, age child left family, contact arrangements) | | | |
| **DETAILS OF CHILD’S CURRENT SITUATION** | | | |
| Adoptive Parent 1 Name: | | | |
| Adoptive Parent 2 Name: | | | |
| Siblings (Name/Age): | | | |
| Please detail any Physical / Cultural / Religious issues we should be aware of: | | | |
| Please give details of the child’s current difficulties  (e.g. Behaviours at home and school, mental health concerns) | | | |

**SECTION 2 – THE ASSESSMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AREAS FOR THE ASSESSMENT TO COVER** | | | | |
| Area to assess: | Y / N | | Reason for assessing this:  (Example symptom or behavior) | |
| Trauma |  | |  | |
| Attachment |  | |  | |
| Mental Health  (e.g. Depression, anxiety, other mood disorder) |  | |  | |
| Neurodevelopmental  (e.g. ADHD, ASD, tourettes) |  | |  | |
| Social, emotional, behavioural  (e.g. Risky or challenging behaviour, absconding) |  | |  | |
| **PLEASE INDICATE ANY SPECIFIC PROFESSIONALS YOU WOULD LIKE TO ASSESS THE CHILD:** (We will make recommendations based on the information that you supply) | | | | |
| Psychiatrist |  | | Family Therapist |  |
| Psychologist |  | | SLT |  |
| Psychotherapist |  | | O.T. |  |
| Please detail any current interventions / professionals involved with this child (if the child has a life story book, please forward a copy of this to Clinical Partners). | | | | |
| Are there any current safeguarding issues we should be aware of? (Please include FGM, CSE, Radicalisation and any teams who are currently involved in the child’s safeguarding) | | | | |
| What outcome are you looking to achieve with this report? | | | | |
| What outcomes are the parents and child looking to achieve through this work? | | | | |
| **WHO SHOULD THE COMPLETED REPORT BE SENT TO? (NAMES, RELATIONSHIP TO CHILD AND ADDRESSES):** | | | | |
| Name: | | Name: | | |
| Address: | | Address: | | |
| Relationship to Child: | | Relationship to Child: | | |
|  | | | | |
| Name: | | Name: | | |
| Address: | | Address: | | |
| Relationship to Child: | | Relationship to Child: | | |