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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**

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| **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: |