

**Connect for Health Referral Form**

**CONFIDENTIAL**



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| Our service provides universal early help and intervention to children, young people and their families on a range of health and wellbeing issues. All referrals will be triaged by a Nurse and referrals which fall outside of our service offer will not be accepted and will be returned to the referrer (Please see Connect for health’s referral criteria). Professionals, parents/carers and young people can contact the service to discuss our service offer on 03300 245 204.  **Privacy Notice Statement** Please note by completing this referral, Compass will expect that:   * This referral has been discussed and agreed by the service user * You consider the service user to have capacity to give informed consent * You have explained that any information held on this form will be stored   by Compass on a secure database  Signed by referrer…………………………………………………………….…………………………………………………………..………  Signed by service user……………………………………………………………………………………………………………………..  (parent/carer or young person)  **Please note: relevant information will be shared with the child’s GP** |

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| Child/Young person’s Name: |  | | | | | | NHS Number: | | | |  | | |
| Date of Birth: |  | | | | | | Gender: | | | |  | | |
| Address: |  | | | | | | | | | | | | |
| Post Code: | | |  | | | | | | | | | |
| School: |  | | | | Year Group: | | | |  | | | | |
| Ethnic Origin: | African | |  | Bangladeshi |  | Caribbean | | |  | Chinese | | |  |
| Indian | |  | Pakistani |  | White and Asian | | |  | White and Black African | | |  |
| White and Black Caribbean | |  | White British |  | White Irish | | |  | Other | | |  |
| Other Asian | |  | Other Black |  | Other White | | |  | Other Mixed | | |  |
| Parent/Carer Name: |  | | | | | | | | | | | | |
| Contact Number: |  | | | | | | | | | | | | |
| Email Address: |  | | | | | | | | | | | | |
| Young Persons mobile number:  (Secondary School Aged Only) |  | | | | | | | | | | | | |
| Has Consent been obtained from: | | Parent/Carer | | |  | | | Young Person | | | |  | |

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| GP Details: | | |  | | | | | | | | | | | |
| Current Safeguarding Status – service user currently open to: | | | Early Help | | | |  | CIN | |  | CIC |  | CP |  |
| Social Worker Name | | |  | | | | | | Next Safeguarding Meeting (Date) | | |  | | |
| Does the child/young person have any Special Educational Needs? (SEND) | | | Yes | |  | No | |  | If Yes, please advise below: | | | | | |
|  | | | | | | | | | | | |
| Does the child/young person have any disabilities? | | | Yes | |  | No | |  | If Yes, please advise below: | | | | | |
|  | | | | | | | | | | | |
| Is the child/young person currently being supported by any other professional/service? | | | Yes | |  | No | |  | If Yes, please advise below: | | | | | |
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| Support needed from: | | | | School Nurses | | | | | | | Change Makers | | | |
| Reason for Referral: | | **N/B If your referral is for support with Mental Health and Emotional Wellbeing please complete part 2 of the referral form. Please note that if the referral form is not fully completed it will be rejected at the point of receipt.** | | | | | | | | | | | | |
| Referrer Name: | |  | | | | | | | | | | | | |
| Designation and Organisation: | |  | | | | | | | | | | | | |
| Referrer Address: | |  | | | | | | | | | | | | |
| Email Address: | |  | | | | | | | | | | | | |
| Contact Number: | |  | | | | | | | | | | | | |
| Date of Referral: | |  | | | | | | | | | | | | |
| Please tick to confirm you would like to receive family health & wellbeing updates from Connect for Health via email | | | | | | | | | | | | | | |
| PLEASE FORWARD YOUR COMPLETED REFERRAL FORM SECURELY | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Address: | Connect for Health,1 Allerton Road, Rugby, CV23 0PA  Telephone: 03300 245 204 | | | | | | | | | | | | | |
| Secure emails: | [connectforhealth@compass-uk.org](mailto:connectforhealth@compass-uk.org) (with an Egress account)  [connectforhealth@welearn365.co](mailto:connectforhealth@welearn365.co)m  compass.connectforhealth@nhs.net | | | | | | | | | | | | | |



**Part 2 – Please complete this part with the young person with as much detail as possible.**

**Mental Health and Wellbeing (MHW) Referrals into Connect for Health Service (C4H)**

***Note: If your school is part of a Mental Health Support Team (MHST) project then low level referrals should be considered for the Mental Health Lead who will then refer directly into the MHST.***

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| **Questions to be asked:** |
| Would you like support for your current difficulty?  How would you rate the level of your difficulty? **0** being no difficulty  **5** being very difficult.  Have you previously or currently receiving support for your difficulty? If yes – who was/is that with?  Is there a safe adult who could support you at home or in school? |
| **Risk Assessment** |
| **Describe the known risk:**  (Self-harm, suicidal thoughts, school refusal, low mood, anxiety, social isolation, CE.) |
| **Risk Mitigation:**  (Safety plan, given contact details of Crisis service, liaising with trusted adult, self-help tools provided, would like support, onward referral) |