

**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 databaseSigned 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: |  |
| Preferred Name: |  | Birth Gender:Preferred Gender : |  |
| Date of Birth: |  | Preferred pronouns : |  |
| Address: |  |
| Post Code: |  |
| School: |  | Year Group: |  |
| Ethnic Origin: | African |  | White British |  | Caribbean  |  | Chinese |  |
| Bangladeshi |  | White and Black African |  | White and Asian |  | Indian |  |
| Other Black |  | White and Black Caribbean |  | White Irish |  | Other |  |
| Other Asian |  | Other Mixed |  | Other White |  | Pakistani |  |
| Parent/Carer Name 1: |  | Parent/Carer Name 2: |  |
| Contact Number: |  | Contact Number: |  |
| Email Address: |  | Email Address: |  |
| **Do you hold parental responsibility.**  |  |  | **Do you hold parental responsibility.**  |  |  |
| **If not who hold parental responsibility?** |  | **If not who hold parental responsibility?** |  |
| Consent Obtained: |  | Consent Obtained: |  |
| Young Persons mobile number: (Secondary School Aged Only) |  |
| Young Persons Email address: (Secondary School Aged Only) |  |
| Has Consent been obtained from: | 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 ….../….…/…….Time ………………………… |
| Does the child/young person have any Special Educational Needs? (SEND) | Yes |  | No |  | If Yes, please advise below: |
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| Does the child/young person have any disabilities? | Yes |  | No |  | If Yes, please advise below: |
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|  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.** |

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| 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**

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| **Address:** | Connect for Health, 1 Allerton Road, Rugby, CV23 0PATelephone: 03300 245 204 |
| **Secure****Emails:** | connectforhealth@compass-uk.org (with an egress account)connectforhealth@welearn365.comcompass.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) |