



FAO: HealthHarmonie Minds

Company Number: 04724733

CQC Provider ID: 1-101726729

Please enclose a copy of the Summary Care Record and any other relevant information to support this referral.

Referral Form: HealthHarmonie Minds Children and Young Person's ASD Service

Does the patient already have a formal UK diagnosis of ASD? Yes / No

Referrer details:

Name:

Job Title: Agency:

Address:

Email Address:

Contact Number: Date of request:

DEMOGRAPHIC INFORMATION

CHILD / YOUNG PERSON'S DETAILS:

Full Name:

Date of Birth: NHS Number:

Gender: Ethnicity:

Is this the gender assigned at birth? Yes / No

Address:

CYP Phone Number: 1st Language (if not English):

Parent/ Carer Phone Number: Interpreter required? Yes / No

GP Surgery / Address:

PARENT / CARER DETAILS

Parent/ Carer 1

Full Name:

Address:

Relationship to CYP:

Phone number:

Holds parental responsibility? Yes / No

1st Language
(if not English):

Email Address:

Does parent /carer consent to receiving correspondence electronically via email? Yes / No

Are there any support needs for CYP or parent such as communication needs (visual or hearing impairment, access such as physical or learning disability, or is an interpreter needed?):

Parent/ Carer 2

Full Name:

Address:

Relationship to CYP:

Phone number:

Holds parental responsibility? Yes / No

1st Language
(if not English):

Email Address:

Does parent /carer consent to receiving correspondence electronically via email? Yes / No

Are there any support needs for CYP or parent such as communication needs (visual or hearing impairment, access such as physical or learning disability, or is an interpreter needed?):

**If parent/carers above do not hold parental responsibility,
provide details of person/authority who does:**

Full Name:

Address:

Relationship to CYP:

Phone number:

Email Address:

REASON FOR REFERRAL:

Please explain the reason for referral:

CONSENT

Please confirm who has given consent for this referral to HHMinds

- Child/ Young Person
- Parent/ Carer
- Other person/authority with parental responsibility

LEGAL STATUS

Tick any of the following that apply to the child/ young person and complete details:

- Looked After Child *
- Subject to a Child Protection Plan *
- Subject to a Child In Need Plan *
- Adopted *
- Under Special Guardianship
- Currently or previously under Mental Health Act

*** If yes to any of the above; please provide the Social Worker details and ensure they are aware of this referral.**

Social Worker

Please Provide additional information for this and contact details below for Social Worker:

Full Name:

Contact Number:

Email Address:

RISK AND SAFEGUARDING INFORMATION

Risk to self:

This may include self-injurious behaviour, self-harm, suicidal ideation, suicidal intent, self-neglect.

Risk to others:

Aggression/ violence, ideas of harming others, sexualised behaviours

Risk posed by others:

Physical, sexual or emotional abuse, neglect, exploitation, vulnerability – current and historical, other factors including cultural and environmental.

Substance Misuse:

Alcohol Use / Drug use.

EDUCATION

Current Place of Education

Full Name:

Address:

Previous Schools:

Please select all that apply

CYP has learning difficulties

CYP supported through SEN Plan or equivalent? *

CYP has a diagnosed learning disability

CYP has an Education & Health Care Plan (EHCP)*

CYP supported through support plan *

* Please include with referral

PREVIOUS SUPPORT & INTERVENTION

Which other professionals/ services have been involved to support these concerns;

- 0-19 Service (health visitor/ school nursing)
- Family Support Service
- Early Help Service
- Paediatrics (acute or community)
- Speech and Language Therapy
- Educational Psychologist
- Learning and/or behaviour support services in school
- Occupational Therapy
- Dietitian
- Mental Health Support Team / School counsellor
- Action for Children
- The Sandbox
- Youth Offending Service
- Other, please provide details:

Summary Care Record:

Copy of SCR sent with referral?

Please note we will not be able to proceed without this.

Yes