To make a referral send this form to:
Medway Young Persons' Wellbeing Service
Address: New Horizons Academy, Park Crescent, Chatham, Kent ME4 6NR
Telephone: 0300 300 1981
Email: nem-tr.medwayypws.referrals@nhs.net

NELFT NHS
NHS Foundation Trust

Single Point of Access Referral for Medway Young Persons' Wellbeing Service

Section 1	**Name and Contact Details of Person Making Referral:**		
Name:		Address:	
Job Title or Relationship to child:			
Agency (if professional making the referral):			
Telephone:	Contact Number:	Email:	

Section 2	**Child / Young Person's Details**		
Child's Name: (Surname) (First Name)		M X☐ F ☐	Date of Birth:
Address: Postcode:			NHS Number: / Social Services identification number (if known):
			Name of School / Nursery / College: Address: Strood Academy Carnation Road Strood Rochester Kent ME2 2SX Telephone:01643-717121 Contact Name: Mrs Gail Cox
Home Telephone:	Parents Mobile:		First Language:
Email Address:	Child's Mobile:		Interpreter required: ☐ Yes ☐ No Specify Which Language:
Religion:	Nationality:		Ethnicity:
Young Person's Preferred Method of Contact: Letter: ☐ Phone: ☐ Text: ☐ Email: ☐			

GP Name:	GP Telephone Number:
GP Surgery Address:	Subject to Child Protection Plan : Y ☐ N ☐ Are they a Child In Need: Y ☐ N ☐
	Provide brief details of any current/previous safeguarding concerns:
	Is this a Looked After Child: Y ☐ N ☐ Name of Local Authority who is Responsible :

Section 3 **Next of Kin and Parental Responsibility Details:**

Name of Person(s) with Parental Responsibility?	Interpreter required: ☐ Yes ☐ No Specify Which Language:
Parent / Carer's Name (if different from above):	Relationship to Young Person:
Address:	Telephone:
	Mobile:
Email Address:	

Section 4 **Name of other Professionals / Agencies involved, if known:**

☐ Social Care ☐ Currently ☐ Previously	☐ Nursery/Preschool	☐ Educational Psychologist
☐ Medway Early Help Team	☐ Educational Team (e.g. learning/behavioural support, etc.)	☐ Educational Welfare Officer
☐ Health Visitor	☐ School Nurse	☐ SENCo
☐ Previously Known to CAMHS (e.g. PMHW; Counsellor)	☐ Youth Offending Service	☐ Children With Disabilities Team (Social Care)
☐ 3rd Sector Organisation(s)	☐ Child Development Team (Health)	☐ Hospital/Community Doctor
☐ Other (specify):		

Please provide any relevant information regarding involvement of other professionals/agencies

Section 5	**Reason for referral:** Please state nature of difficulties, onset, frequency, duration, interventions tried, any relevant medical history.

Section 6	**Impact on Child/ young person at school and social development:** Please describe how this impacts on the child's behaviour, social development, school/nursery/college performance/attainment, relationships, activities, wellbeing, and physical health/routines.

Section 7	**Social/family background:** Please provide details of family composition, ages, occupations/employment and parental mental and physical health concerns. Sibling group, Relevant or significant life events; e.g. Divorce/separation, bereavement, domestic violence, drug/alcohol misuse.

Section 8	**Medication:**

Please give details of any known medications the Child/Young Person is currently taking.

Section 9	**Outcomes:**

Child/Young Person:
Please give details of what the child/Young Person would like to happen as a result of this referral.

Parent/Carer:
Please give details of what the parent/carer would like to happen as a result of this referral.

Referrer:
In making this referral, what outcomes are you anticipating for the Child/Young Person/Family?

Section 10 **Summary of risks:**

Child/ Young Person	**Current (last 2 weeks)**	**Recent Past (last 6 months)**	**Historical Past (over 6 months)**
Self-Harm	☐	☐	☐
Harm to others	☐	☐	☐
Suicidal thoughts/ intentions	☐	☐	☐
Physical/sexual/ emotional abuse	☐	☐	☐
Significant medical needs/ Disability	☐	☐	☐
Parent/ Environment			
Parental mental illness	☐	☐	☐
Domestic violence	☐	☐	☐
Parenting difficulties	☐	☐	☐

For Each Risk Identified, Please Provide Details:

aggressive behaviour to students and teachers, Mum is finding it increasing difficult to support Harry with his erratic behaviour and strange outbursts in school and at home.

Section 11 **Information Sharing And Consent:**
Please note this section is important and should be completed

Referrals cannot be made without the agreement of the parent/carer and/or young person (subject to Gillick competence). Confidentiality is respected in accordance with the Data Protection Act. We also have a duty to refer any child who may be in need of protection to Social Services. I agree to information being shared and discussed between professionals and other agencies to help me/my child and family. I understand I will be consulted following these discussions regarding any future planning and actions. I understand I can withdraw my consent at any time to information being shared and

Verbal consent obtained from the young person (subject to Gillick competence) ☐ **Yes** ☐ **No**

Verbal consent obtained from parent/carer ☐ **Yes** ☐ **No**

Comments (if any): Mum would appreciate support as she has been requesting support/interventions for the last several years

Date: