|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Email: | **duty.assess@harrow.gov.uk** |
| Golden Number: | **0208 901 2690** |  | **duty.assess@harrow.gov.uk.cjsm.net** |

**Referral Details**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Referrer** | |  | | |  | **Relationship with Subject / Professional Role** | |  | | |
|  |  | |  |  |  |  |  | |  | |
| **Telephone Number** | |  |  | **Email Address** | |  |  | | **Date of Referral** |  |

**Family / Household details**

# 

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Home Address** |  |  | **Post Code** |  |

## 

## CHILD DETAILS

Details of All Subject Children

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | |  | DoB/EDD |  |  | Gender |  |  | NHS No: |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  | |  |  | |  |  | | | | | | | | | | |
| Telephone |  | |  | Ethnicity |  | | | |  | Religion |  | | | | | | | | | |
|  | | |  |  | | | | |  |  | | | | | | | | | | |
| Disability / Learning Need | |  | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | |  | DoB/EDD |  |  | Gender |  |  | NHS No: |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  | |  |  | |  |  | | | | | | | | | | |
| Telephone |  | |  | Ethnicity |  | | | |  | Religion |  | | | | | | | | | |
|  | | |  |  | | | | |  |  | | | | | | | | | | |
| Disability / Learning Need | |  | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | |  | DoB/EDD |  |  | Gender |  |  | NHS No: |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  | |  |  | |  |  | | | | | | | | | | |
| Telephone |  | |  | Ethnicity |  | | | |  | Religion |  | | | | | | | | | |
|  | | |  |  | | | | |  |  | | | | | | | | | | |
| Disability / Learning Need | |  | | | | | | | | | | | | | | | | | | |

Family / Household Members

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | |  | DoB/EDD |  |  | Gender | Select |  | Telephone |  |
|  | | | |  |  | |  |  | |  |  | |
| Parental Responsibility | |  | |  | Ethnicity |  | | | |  | Religion |  |
|  | | | |  |  | | | | |  |  | |
| Relationship to the subject child or children | | |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | |  | DoB/EDD |  |  | Gender |  |  | Telephone |  |
|  | | | |  |  | |  |  | |  |  | |
| Parental Responsibility | |  | |  | Ethnicity |  | | | |  | Religion |  |
|  | | | |  |  | | | | |  |  | |
| Relationship to the subject child or children | | |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | |  | DoB/EDD |  |  | Gender |  |  | Telephone |  |
|  | | | |  |  | |  |  | |  |  | |
| Parental Responsibility | |  | |  | Ethnicity |  | | | |  | Religion |  |
|  | | | |  |  | | | | |  |  | |
| Relationship to the subject child or children | | |  | | | | | | | | | |

**Other Significant People Not Living In the Household**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | |  | DoB/EDD |  |  | Gender |  |  | Telephone | | |  | |
|  | | | | |  |  | |  |  | |  |  | | | | |
| Parental Responsibility | | |  | |  | Ethnicity |  | | | |  | Religion | | |  | |
|  | | | | |  |  | | | | |  |  | | | | |
| Relationship to the subject child or children | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | |
| Address |  | | | | | | | | | | | |  | Post Code | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | |  | DoB/EDD |  |  | Gender |  |  | Telephone | | |  | |
|  | | | | |  |  | |  |  | |  |  | | | | |
| Parental Responsibility | | |  | |  | Ethnicity |  | | | |  | Religion | | |  | |
|  | | | | |  |  | | | | |  |  | | | | |
| Relationship to the subject child or children | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | |
| **Address** | |  | | | | | | | | | | |  | **Post Code** | |  |

## GP DETAILS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GP Practice** |  | | |  | **GP Name** |  | | | |
|  |  | | |  |  | |  |  | |
| **GP Address** |  | | | | | |  | **Post Code** |  |
|  |  |  |  | |  | |  |  | |
| **Telephone Number** |  |  | **Email** | |  | | | | |

## EARLY YEARS PROVISION / SCHOOL / COLLEGE DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Name** |  | | |  | **School Contact Name** | | |  | | | |
|  |  | | |  | |  | | |  |  | |
| **School Address** |  | | | | | | | |  | **Post Code** |  |
|  |  |  |  | | | |  | |  |  | |
| **Telephone Number** |  |  | **Email** | | | |  | | | | |

## Other Professionals Involved *(Include any known community/voluntary / faith organisations)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role | Detailed | Contact |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Referral Information**

# 

## Provide a summary of any current or previous concerns you have about this child in the boxes below

|  |  |
| --- | --- |
| *Where possible use Signs of Safety Methodology:* | *What are you worried about?**What are the strengths/what is working well / safety factors?**Are there any complicating factors?**Are there any grey / unknown areas?* |

|  |  |
| --- | --- |
| Presenting Issue | |
|  | |
|  |  |
| Relevant History | |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Are there any health and safety risks that require consideration by practitioners’ e.g. violent person, dangerous animal? | |  | Y / N |
|  | |  |  |
| **If yes, provide details** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Are there any specific additional communication / language / disability needs? | |  | Y / N |
|  | |  |  | |
| **If yes, provide details** |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Is the Young Person aware of this referral? | |  | Y / N |
|  | |  |  | |
| **If yes, provide details** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Has there previously been a referral made regarding the child or family? | |  | Y / N |
|  | |  |  | |
| **If yes, provide details** |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Is the Parent aware of this referral? | |  | Y / N |
|  | |  |  |
| **If yes, provide details** |  | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do we have consent from parent to share/seek further information? | | | | | |  | Y / N |
|  |  |  |  |  | |  |  |
| **Consent Not Obtained** |  | Y / N |  | **Provide details if not obtained** |  | | | |