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| **YOUNG PERSONS/PARENT/CARER REFERRAL FORM - PLEASE COMPLETE ALL THE WHITE BOXES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | **Do you/the young person agree to information being shared with the relevant professional people – please tick box** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | |  | | | | | | | | | | | | | **NO** | | | | | | | | | | | | | | | |  | | | | |
| **Are you a young person needing support** | | | | | | | | | | | **YES** | | | |  | | | **NO** | | | |  | | | | **A Parent Carer completing form for a young person:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | | | | | | |  | | | |
| **2.** | **Briefly describe what you/the young person needs support with right now?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Have you/the young person thought about or have you hurt yourself?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | |  | | | | | | | **NO** | | | | | | | | | | |  | | | | | | | | | |  |
| **Have you/the young person thought about or attempted to end your /their life?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | |  | | | | | | **NO** | | | | | | | | | | | |  | | | | | | | | |  |
| **If Yes to the above please tell us about this?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | **How would you/the young person like to feel after having your/their support?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.** | **Have you/ the young person previously used any services for support, if so, who were they with and what happened?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.** | **We need to have some further information about you/the young person to enable you/them to be seen:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NHS No. if known:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | **Gender:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** | | | |  | | | | | | | | | **Preferred Name:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Date of birth:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Main contact number:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Email address:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do we have your/their permission to leave a Voicemail/Text:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | |  | | | | **NO** | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
| **What is the best way for us to contact you/them? Letter** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | **Mobile** | | | | | |  | | | | | | | | **Email** | | | | | | | | | | | | | |  | | | | | | | **Text** | | | | | | | | | | | | | | | | |  |
| **Do you/they need an interpreter?** | | | | | | | | | | | | | | | | | **YES** | | | | | | |  | | | **NO** | | | | | | | | | |  | | | **Sign language required:** | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | | |  | | | | | | | **NO** | | | | | | | | | | | | | |  |
| **Do you/they need any further support to help you/them attend the appointment:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | |  | | | | | | | **NO** | | | | | | | | | | | | | |  |
| **if Yes to above what support do you/they need:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnicity:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Asian** |  | **Bangladeshi** | | | | | | |  | | **Black – African** | | | | | | | | | | | | |  | | | **Black Caribbean** | | | | | | | | | | | | | | | | | | |  | **Black – Other** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | | | |
|  | | **Chinese** | |  | | | **Indian** |  | | | **Mixed – White and Asian** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Mixed – White and Black African** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |
|  | | **Mixed – White and Black Caribbean** | | | | | | | | | | | | | | | | | |  | **Pakistan** | | | | | | | | | | | | | | |  | | | **White British** | | | | | | | | | |  | | | **White Irish** | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | **White – Other Background** | | | | | | | | | | | | |  | | **Other** | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Do you/the child have a current child protection plan?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | | | |  | | | | | | | **NO** | | | | | | | | | | |  | | | | | | | | |  | | |
| **Do you/the young person have a learning disability?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | | | |  | | | | | | | **NO** | | | | | | | | | | |  | | | | | | | | |  | | |
| **Are you/they wanting to make a referral for Autism / ADHD, (if so some additional forms will be sent to you when we have your completed referral):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | | | |  | | | | | | | **NO** | | | | | | | | | | |  | | | | | | | | |  | | |
| **6.** | | **Name of your parent/carer:** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact details of the parent/carer:** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact details of person who has parental responsibility (if different from above):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do we have permission to contact your parent/carer in an emergency?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | |  | | | | | | | | | **NO** | | | | | | | | | | | | | | |  | |
| **7.** | | **Which GP Practice are you/the young person with?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.** | | **Do you/the young person go to school/ college, if so which one?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **alternatively please tick box if you/the young person are/is home educated:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | | |  | | | | | | | | | |  | |
| **Not in education employment or training:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Do we have your/their permission to contact your school/college** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | |  | | | | | | | | | | | **NO** | | | | | | | | | | |  | | | | | | | | |
| **9** | | **Do you/the young person have a Education Health Care Plan?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | |  | | | | | | | | **NO** | | | | | | | | | | | | |  | | | | | |
| **10** | | **Do you/they have any other health problems, you/they would like to tell us about?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please now either email this referral form to : NGSPAadmin@cntw.nhs.uk**  **Or post to: Newcastle/Gateshead Single Point of Access, For Children and Young People’s Service, Bensham Hospital, Fontwell Drive, Gateshead NE8 4YL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Date: November 2022

Review date due: November 2023