

Supporting Smiles Referral Form

Please note: This form must be completed in full in order for us to process the referral. Incomplete referrals will be returned to referrer and not processed.

Is parent/carer aware of this referral and given consent for referral and to share information with other agencies as necessary? **Yes** **No**

Has young person given consent for this referral and agree to us sharing information with other agencies and organisations as necessary? **Yes** **No**

Young person being referred

Child/Young person's name NHS No.

Address Postcode

Home telephone Mobile telephone Ethnicity

Email address Main language

Date of birth Age Estimated due date

Gender Gender same as birth?

School attended

Referrer details

Referrer's name

Address

Postcode

Contact number

Referrer's profession/post

GP details

GP surgery

Address

Postcode

Contact number

Individual issues

Are there any individual issues we need to be aware of in order to plan services appropriately?

Attention Deficit Hyperactivity Disorder (ADHD)	Diagnosed	Awaiting assessment
Autistic Spectrum Disorder (ASD)	Diagnosed	Awaiting assessment
Global Developmental Delay (GDD)	Diagnosed	Awaiting assessment
Hearing Impairment (HI)	Diagnosed	Awaiting assessment
Moderate Learning Disability	Diagnosed	Awaiting assessment
Motor skills	Diagnosed	Awaiting assessment
Multisensory Impairment (MSI)	Diagnosed	Awaiting assessment
Physical Disability (PD)	Diagnosed	Awaiting assessment
Profound and Multiple Learning Disability	Diagnosed	Awaiting assessment
Progressive Conditions and Physical Health (e.g. HIV, Cancer, Multiple Sclerosis, Fits)	Diagnosed	Awaiting assessment
'SEND Support' but no specialist assessment of type need (NSA)	Diagnosed	Awaiting assessment
Sensory Processing	Diagnosed	Awaiting assessment
Social Emotional and Mental Health (SEMH)	Diagnosed	Awaiting assessment
Specific Learning Difficulties (SpLD)	Diagnosed	Awaiting assessment
Speech Language and Communication Needs (SCLN)	Diagnosed	Awaiting assessment
Visual Impairment (VI)	Diagnosed	Awaiting assessment

Not Stated (person asked but declined to provide a response)

Other and/or please include any details on anything listed above

Significant people

Are there any contact arrangements in place with a non-resident parent/carer? Yes No

Parent(s)/carer(s)/sibling(s) in household & significant others in young person's life

Name	Relationship	Parental responsibility
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Can be contacted?	Primary number	Primary contact
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Yes No		Yes No
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Contact email		Address different from referee
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Address if different		Yes No
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Postcode

Name	Relationship	Parental responsibility
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Can be contacted?	Primary number	Primary contact
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Yes No		Yes No
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Contact email		Address different from referee
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Address if different		Yes No
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Postcode

Name Relationship Parental responsibility

Can be contacted? Primary number Primary contact

Yes No Yes No

Contact email Address different from referee

Address if different Yes No

Postcode

Name Relationship Parental responsibility

Can be contacted? Primary number Primary contact

Yes No Yes No

Contact email Address different from referee

Address if different Yes No

Postcode

Risk factors (including historic and current)

Have any of these been issues for any member of the family (including the referred young person)? If yes please include brief details and timescales of these below)

	Current		Historical	
	Yes	No	Yes	No
Mental health issues	Yes	No	Yes	No
Domestic violence issues within the home	Yes	No	Yes	No
Drug/alcohol issues	Yes	No	Yes	No
Aggressive behaviour	Yes	No	Yes	No
Parent/carer mental health disabilities	Yes	No	Yes	No
Self harming behaviours (referred young person)	Yes	No	Yes	No
Self neglect/hygiene	Yes	No	Yes	No
Eating difficulties	Yes	No	Yes	No
Harm to others (violence, anger, bullying, verbal aggression, other)	Yes	No	Yes	No
Risk taking behaviours/lack of awareness of danger	Yes	No	Yes	No
Attendance at school/work	Yes	No	Yes	No
Suicidal ideation/thoughts	Yes	No	Yes	No

If you have highlighted yes to any of the above areas, please include details of the risk below and how these are being supported/managed at present

Support agencies

Please provide details of any support/agencies involved or previously accessed (please also include any parenting/family programmes or courses attended)

Agency Professional name

Professional role Contact details Active
Yes No

Comment

Agency Professional name

Professional role Contact details Active
Yes No

Comment

Children's services/Early help services involvement

Status of child

S47 (Child Protection)

S17 (Child In Need)

LAC (Looked After Child)

Court Proceedings

Education and Health Care Plan

Young carer

Early help

Family Support Plan

Early Child and Family Service

Name and contact details of Social Worker/Lead Professional

Name

Address

Postcode

Contact number

Reason for referral

Provide details of why you are referring to us

Please list any known reasons/triggers for the above
(please include durations and impact on daily life)

How are you coping/keeping yourself safe?

What do you hope will be achieved through this piece of work? What goals/outcomes do you/young person hope will be achieved from a short term intervention?

Consent to share information: unless otherwise stated within this form we will assume you have given us consent to speak to other agencies on your behalf for the sole purpose of providing the most appropriate support.