

REFERRAL FORM

(PLEASE NOTE THAT WE REQUIRE BOTH PARENT/CARER AND CHILD TO BE AWARE OF REFERRAL)

'Lukes' Counselling and Support for Children and Young People

22 Lampits Hill, Corringham, Essex, SS17 9AL

Tel. 01375 648175 Fax. 01375 648177 Email: lukes@stlukeshouse.org.uk

REFERRAL DETAILS

REFERRED BY: _____ DATE _____

JOB TITLE/RELATIONSHIP TO CHILD/YOUNG PERSON _____

ADDRESS _____

POSTCODE _____ CONTACT NO. _____

PARENT/CARER AWARE OF REFERRAL YES NO CHILD AWARE OF REFERRAL YES NO

ANY OTHER AGENCIES INVOLVED WITH FAMILY _____

YOUNG CARER SERIOUSLY ILL PRE-BEREAVEMENT POST BEREAVEMENT

PARENT(S)/CARER(S)/YOUNG PERSON(16+) DETAILS

NAME: _____ M/F

NAME: _____ M/F

RELATIONSHIP TO CHILD/YP _____

RELATIONSHIP TO CHILD/YP _____

ADDRESS _____

ADDRESS _____

_____ POST CODE _____

_____ POST CODE _____

TEL. NO. _____

TEL. NO. _____

PERMISSION TO LEAVE MESSAGE YES NO

PERMISSION TO LEAVE MESSAGE YES NO

DOB _____

DOB _____

OCCUPATION _____

OCCUPATION _____

PARENTS ARE/WERE: Married / Civil Partnership / Living together / Separated / Divorced / Widowed

GP/PCT _____

GP/PCT _____

ETHNICITY (PLEASE TICK AS APPROPRIATE)

- | | | |
|---|--|--|
| <input type="checkbox"/> White British | <input type="checkbox"/> White (Other) | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Black African |
| <input type="checkbox"/> White & Pakistani (mixed heritage) | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black (other) |
| <input type="checkbox"/> White & Black Caribbean (mixed heritage) | <input type="checkbox"/> Asian (other) | <input type="checkbox"/> All other ethnic groups |
| <input type="checkbox"/> White & Asian (mixed heritage) | <input type="checkbox"/> Indian | <input type="checkbox"/> Other mixed heritage |
| <input type="checkbox"/> White & Black African (mixed heritage) | <input type="checkbox"/> Chinese/Far Eastern (all) | <input type="checkbox"/> Decline to say |

BELIEF (PLEASE TICK AS APPROPRIATE)

- | | | |
|---|---|--|
| <input type="checkbox"/> Atheist/ Agnostic | <input type="checkbox"/> Judaism (all denominations) | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Christian (all denominations) | <input type="checkbox"/> Hindu (all denominations) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Muslim (all Islamic denominations) | <input type="checkbox"/> Buddhism (all denominations) | <input type="checkbox"/> People who decline to say |

CHILD / YOUNG PERSON DETAILS

NAME	DOB	AGE	M/F	DISABILITY	SCHOOL & YEAR

PERSON WHO IS ILL / DIED

NAME: _____ RELATION TO CHILD/YOUNG PERSON _____

DATE OF ILLNESS ONSET / DEATH _____ AGE AT ILLNESS ONSET /DEATH _____

ILLNESS / CAUSE OF DEATH _____

DID THE CHILD / YOUNG PERSON ATTEND THE FUNERAL YES / NO WAS IT: BURIAL / CREMATION

REFERRAL INFORMATION (to include circumstances surrounding illness / death, child/young person(s) awareness of death, and any presenting issues, problems, behaviour or other information)

RISK – ARE YOU AWARE OF: (Please tick all that apply)

- CHALLENGING BEHAVIOUR
- LEARNING DIFFICULTIES
- PHYSICAL HARM TO SELF/OTHERS
- CHILD PROTECTION ISSUES
- WANDERING
- AGGRESSION
- COMMUNICATION DIFFICULTY
- PHYSICAL IMPAIRMENT
- FAMILY DISCORD
- MULTIPLE LOSSES
- THREATS/INTIMIDATION
- SOCIAL ISSUES
- VULNERABLE ADULT ISSUES
- ABSCONDING
- FRAILTY/VULNERABILITY
- SUICIDAL IDEATION/SELF-HARM
- SOCIAL ISSUES
- SELF NEGLECT
- MENTAL HEALTH ILLNESS
- SELF HARM BEHAVIOUR
- DRUG/ALCOHOL ABUSE
- SCHOOL PHOBIA
- MOBILITY ISSUES

ADDITIONAL RISKS _____
