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ENQUIRY FORM

ENQUIRER DETAILS

ENQUIRED BY: _____ DATE: _____

JOB TITLE/RELATIONSHIP TO CHILD: _____

ADDRESS: _____

POSTCODE: _____ TEL : _____

PARENT CARER AWARE OF ENQUIRY: Yes No CHILD AWARE OF ENQUIRY: Yes No

ENQUIRER'S OPINION REGARDING RISK/URGENCY:

FAMILY DETAILS

FAMILY NAME: _____ PARENTS/CARERS NAME: _____

HOME ADDRESS: _____

POSTCODE: _____ TEL NO: _____ MOB: _____

G.P./PCT: _____ PERMISSION TO LEAVE MESSAGE: YES NO

CHILD / YOUNG PERSON DETAILS

NAME	DATE OF BIRTH	Age	M/F	DISABILITY	SCHOOL & YEAR

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 |



PERSON WHO IS ILL / DIED YOUNG CARER PRE-BEREAVEMENT POST BEREAVEMENT

NAME: _____ DATE OF ILLNESS ONSET/ DEATH: _____

RELATION TO CHILD: _____ AGE AT ILLNESS ONSET/ DEATH: _____

ILLNESS /CAUSE OF DEATH: _____

DID THE REFERRED CHILD ATTEND THE FUNERAL? YES/ NO BURIAL/ CREMATION?

ENQUIRY INFORMATION

CIRCUMSTANCES SURROUNDING ILLNESS/DEATH:

CHILD'S/YOUNG PERSON'S AWARENESS OF ILLNESS/DEATH:

PRESENTING ISSUES/PROBLEMS/OTHER INFORMATION:

ACTION TAKEN