



4:Thought

Mental health support for young people
promoting early intervention, prevention and resilience.

CONSULTATION FORM

THIS INFORMATION NEEDS TO BE FACTUAL

1. INFORMATION ABOUT REFERRAL

DATE	
WORKER	
NAME OF REFERRER	
JOB TITLE OF REFERRER	
PHONE NUMBER FOR REFERRER	
CHILDS CONSENT TO INFORM PARENTS:	<input type="checkbox"/>

2. INFORMATION ABOUT YOUNG PERSON

NAME OF YOUNG PERSON	
MALE/FEMALE	
D.O.B	
SCHOOL	
YEAR GROUP	
PARENT/CARERS NAME	
HOME TELEPHONE No	
ADDRESS	

G.P AND ADDRESS

ANY KNOWN MEDICAL OR PSYCHIATRIC CONDITIONS (If appropriate)

OTHER AGENCIES INVOLVED

(Past and current – Social Services, CAMHS, Psychology, YOT, SALT, Paediatrics, Surestart, Counselling etc. include dates of past and current agencies if known).

3. FAMILY DETAILS

PARENTS/CARERS NAMES

FAMILY BACKGROUND / ANY ISSUES

(Include names, ages and school of siblings under 16).

ANY ISSUES WITHIN FAMILY

(e.g. trauma, D.V., bereavement, divorce, safeguarding concerns, loss, history of offending, parental substance abuse..... past and current).

4. CURRENT CONCERNS

Detail current concerns including how long concerns have been evident and how the young person is affected.

Has the young person reported any bullying incidents?
e.g. Peer relationships.

RISK FACTORS

E.g. Self-harming, behaviours, severity, frequency, suicidal ideation.

Has a EHA been completed / CIN process commenced? – If so, clarify what has already been done: (Is there an old CAF if no EHA).

5. EDUCATIONAL ISSUES

SEN STATUS (EHCP, Statement, Sen Support)	
Detail any learning or behavioural difficulties	
What support is in place? If any	

6. PEER REALTIONSIPS

Detail any peer relationship difficulties and strengths

7. PARENTS CONCERNS

Have you discussed your concerns with the parents/carers? (If appropriate)

- If so, what is the parent's opinion of the problems/concerns?
- What do they want to be different/What support do they want?

8. YOUNG PERSONS CONCERNS

Have you discussed your concerns with the young person?

- If so, what is the young person's opinion of the problems/concerns?
- What do they want to be different/What support do they want?

9. REFERRERS OPINION

What does referrer think the young person needs?

What has the referrer done already (School Interventions)?

10. OUTCOME OF CONSULTATION

Direct Work with Parent / Carer	
Direct work / group work with young person	
Unclear need consultation with young person / parent / carer / other	
School Liaison / Consultation Use Outcomes from Referral guidance	

Signed Date:

Parent Signature: Date: