

Self-Referral Form for Children and Young People Children and Young People's Therapy Service (CYPTS)

Date of Referral:

Name of person completing this referral form:

CHILD OR YOUNG PERSON'S DETAILS		
Full name:	Address:	
Name preferred to be called, if different from full name:		
Date of Birth:	Postcode:	
Identified sex: <i>(please circle or specify)</i>	Gender the child or young person identifies with: <i>(please circle or specify)</i>	NHS No.:
<u>Female</u>	Girl/woman	Mobile (parent/carer): Email (parent/carer):
Male	Boy/man	
Other.....	Transgender	
	Non-Binary	
	Other or prefer not to disclose	
What is the child or young person's ethnic origin?		

PARENT AND FAMILY INFORMATION. PEOPLE LIVING IN THE HOUSEHOLD.
Parent/Carer's full names, DOB, ethnic origin, and relationship to person referred
Name and address of ALL Parents/Carer's with legal parental responsibility (if different from above)

Have the parent(s) with legal responsibility for the child or young person consented to this referral?

Please provide the names, DOB, ethnic origin and of other people living in the household, and their relationship to the child/ young person being referred.

Please provide details of siblings, if they have not been included above because they live at a separate address.

CHILD/ YOUNG PERSON'S NEEDS

What help are you requesting for your child/ young person? Please describe: -

Is your child presenting with any self-harm or suicidal ideation or do they present a risk to others?

If so, please give details.

Has your child experiencing any of the following? If so, please provide details: -

*Anxiety

*Depression or low mood

***Traumatic experiences**

***Relationship difficulties**

***Bereavement**

***Stress**

***Panic attacks**

***Sleeping difficulties**

***Other issues relating to the child/ young persons to wellbeing.**

Is your child/ young person aware of this referral at this stage? If so, what are their views?

Please describe your child/ young person's strengths, interests and coping strategies

FAMILY AND SYSTEMIC INFORMATION

Parental separation or divorce. If so, what are the contact arrangements?

Is the CYP impacted by environmental issues? eg, social isolation, bullying in school, feeling unsafe in their local community.

Equality Diversity and Inclusion (EDI) Information

Is there any information you would like us to be aware of to help us meet your child/ young *person's* needs eg cultural or religious practices, visual or hearing impairment, needs in relation to a disability, learning difficulty?

Please let us know if we need to be aware of any adjustments that might be needed, e.g. interpreter, Wheelchair Access, communication style etc.

Please give details below:

HEALTH: please detail any concerns about the <i>child's</i> health and well-being (including mental health) Is the CYP on any medication? If so, provide details	GP DETAILS
	Name:
	Address:
	Tel no:

SCHOOL: Please detail any concerns about education, (including additional support provided) Does the CYP have any learning needs? If so, provide details. (Are they subject to a Health and Education Plan?)	SCHOOL DETAILS
	Contact Name:
	Address:
	Tel no:

PROFESSIONALS CURRENTLY INVOLVED				
Health Visitor		Occupational Therapist		Social Worker
Paediatrician		Physiotherapist		Educational Psychologist
Clinical Psychologist		Psychiatrist		Speech & Language Therapist
CAMHS worker		Others, please list		

Please give details of any professionals who have PREVIOUSLY been involved

Is the CYP currently subject to a Child Protection Plan, Child in Need Plan or FEHA (Family Early Help Assessment,) or have they been in the past?

Please email this completed form to: CYPTInfo@theretreatyork.org.uk