**0-19 Integrated Public Health Service for Children and Young People in Derby City**

**Referral Form**

**Please return form by email to the secure email address :** [**dmh-tr.childfamily-derby@nhs.net**](mailto:dmh-tr.childfamily-derby@nhs.net)

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| **Young Person’s Name:** | **DOB:** | **Gender:** |
| **Address:**  **Postcode:** | | **Contact Numbers:** |
| **Language spoken:** | **Interpreter required:**  **Yes / No** | **Ethnicity:** |
| **School/Educational Provider:** | | |
| **Young person aware of referral?**  **Yes / No** | **Are they willing to engage?**  **Yes / No** | **Can the young person be contacted at home?**  **Yes / No** |
| **Young person’s views on referral and the outcome they would like?** | | |
| **Parent / Carers Name:** | | **Contact Number:** |
| **Parent / Carer consent to referral?**  **Yes / No**  **If No – Please state reason why?** | | |

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| **Other Household members** | | | |
| **Name** | **DOB**  **(if child under 19)** | **Relationship to child** | **School / Nursery** |
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| **What input has the young person received / been offered?** | | |
| **Services Involved with the family** | | |
| **Service** | **Worker name** | **Contact info** |
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| **Service required (please select one)** | | | |
| **School Nursing service** | | **Breakout: Drugs / Alcohol** | |
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| **Name of referrer:**  **Role:** | **Contact number:** | | **Date of referral:** |
| **Reason for referral including as much detail as possible for a full assessment to be made.** | | | |

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| **School Nursing - Reason for referral – Please specify by checking the box** | |
| **Emotional health and wellbeing** | **Please specify**  **Low mood / depression**  **Anger management**  **Anxiety**  **Self-harm**  **Body image**  **Other ……………………………………** |
| **Physical health** | **Please specify**  **Healthy eating / Weight management**  **Speech / Language**  **Smoking cessation**  **Toileting**  **Constipation**  **Daytime wetting**  **Night time wetting**  **Soiling**  **Development concerns**  **Sleep**  **Audiology / Hearing**  **Immunisations**  **Other ……………………………………** |
| **Sexual health** | **Please specify**  **Puberty advice**  **Relationships**  **Contraception advice**  **Sexual health advice**  **Other ……………………………………** |
| **Substance use** | **PLEASE complete drug and alcohol section below** |

**Please complete for Drug / Alcohol Referrals**

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| **Drugs/Alcohol used** | **Route (please circle)** | **Frequency (please circle)** | **Amount / Cost** | **Age of 1st use** | **YP’s perception of their substance misuse (please circle)** |
|  | **Snort, smoke, oral, inject** | **Daily, weekly, monthly, occasionally** |  |  | **Not a problem**  **Problem**  **Major problem** |
|  | **Snort, smoke, oral, inject** | **Daily, weekly, monthly, occasionally** |  |  | **Not a problem**  **Problem**  **Major problem** |
|  | **Snort, smoke, oral, inject** | **Daily, weekly, monthly, occasionally** |  |  | **Not a problem**  **Problem**  **Major problem** |
|  | **Snort, smoke, oral, inject** | **Daily, weekly, monthly, occasionally** |  |  | **Not a problem**  **Problem**  **Major problem** |

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| **Advice / Support for drugs and alcohol** |  | **Treatment for drugs and alcohol use** |  |

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| **Exclusions** | |
| Speech and language concerns | If child attends school then please speak to child’s teacher who can refer direct to a speech and language therapist |
| Behaviour | If you are concerned about Autism or ADHD please refer to this website and follow the Neurodevelopmental pathway <https://derbyandderbyshireemotionalhealthandwellbeing.uk/>  If concerned about behaviour consider an early help assessment which can be commenced by child’s school |
| Mental health | Please consider referral to [Building sound minds](https://services.actionforchildren.org.uk/derbyshire/build-sound-minds/), [Changing lives](https://form.jotform.com/202712608522044), CAMHs or [Kooth](https://www.kooth.com/). |
| Bereavement | Please consider if Child or Young person needs referral to specialist service like[**treetops**](https://www.treetopshospice.org.uk/our-services/therapeutic-services/counselling-emotional-support-service/counselling-emotional-support-for-children-families/)or[**Laura’s centre**](https://thelauracentre.org.uk/) |
| Eating and body image concerns | Please consider referral to [first steps](https://firststepsed.co.uk/make-a-referral/) |
| Medical health need | If child is under the care of another professional for their medical need, please discuss concerns with them first |
| **We will not accept a referral if you are on a waiting list for another service** | |

**If you experience any issues or would like to discuss your referral with a clinician, please call: 0300 123 4586 option 3(Central point of access)**