|  |  |
| --- | --- |
| **Name parent & young person.**  **Contact details** |  |
| **Presenting mental health concerns & impact on daily function** |  |
| **Duration & severity of mental health concerns** |  |
| **Family context** |  |
| **Current/Past interventions** |  |
| **Resilience/**  **Protective factors** |  |
| **Other relevant information**  **(please include suicidal ideation, self-harm or any Child Protection concerns** |  |
| **Date of referral and referrers name and relationship to the child** |  |

I confirm I have obtained consent from the parent/carer of this child to share this information

. ………………………………………… (signature)

Date: ……………………………….