

Referral form



Adult Child Date:

All information on this form will be treated as confidential and will be stored and disposed of in line with our GDPR Policy.

Person needing support:			
Address:			
Postcode:		DOB:	
Telephone number:		Mobile:	
Email:			
How can we contact you?	<input type="checkbox"/> Telephone	<input type="checkbox"/> Text	<input type="checkbox"/> Post
	<input type="checkbox"/> Leave a voicemail		<input type="checkbox"/> Email
Is this person already known to our service?	Y / N	Gender:	

Details of person with parental responsibility, if relevant:			
Name:		Telephone number, if different to above:	
Address, if different to the above:			

School details, if relevant:			
Name of contact:		Telephone number:	
Address:			
GP Surgery name:		Telephone number:	
Address:			

Reason for referral - please circle:	Pre-bereavement		Bereavement		
Name of family member who is ill or has died:					
Relationship to this person:					
DOB:		DOD:		Age:	
Cause of death:					

What support is the family receiving?	
What are your main worries and concerns?	
Are there any specific risks you are concerned about? E.g. self-harm, bullying etc	

Referrer name:			
Relationship to person needing support:	<input type="checkbox"/> Parent <input type="checkbox"/> Other family member <input type="checkbox"/> Health (GP, hospital, school nurse)	<input type="checkbox"/> Education <input type="checkbox"/> Social services <input type="checkbox"/> Other - please specify:	
Telephone number, if different to above:		Email address:	
Address, if different to the above:			

OFFICE USE ONLY:

Outcome (please circle):	Eligible for service and accepted	Not accepted
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If not accepted , where has this person been signposted to?	
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If accepted , how does this person meet our eligibility criteria? <i>E.g. child under 16 who is going through pre-bereavement of a grandparent; child whose sibling has died; parent bereavement due to stillbirth.</i>

Referral ID: <i>(Old referral number OR Initial contact number in format E-xxx)</i>		Client ID: <i>(Access database number OR Contact needing support no, format CE-xxx)</i>	
Form completed by:		Date completed:	
Uploaded to DB by:		Date uploaded:	