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| **Before providing us with your personal data, please ensure you have read our privacy policy on healthhorizons.org.uk****Please tick this box to provide consent for us to collect, store and share your personal data** [Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] |
| **1. Information about the person needing assessment / support**  |
| **Name** |  |
| **Date of Birth** |  |
| **Gender** | Male Female |
| **NHS number** |  |
| **Address** |  |
| **Home phone** |  |
| **Mobile number** |  |
| **Email** |  |
| **GP Name** |  |
| **GP Address** |  |
| **GP Phone number** |  |
|  |
|  |
| **2. Relevant medical history**  |
| **Do you have any medical problems or identified syndrome / diagnosis? Please summarise below** |
| **Are you on medication?** |  |
| **Do you have any allergies?** |  |
|  |
| **3. Nature of your difficulties?**  |
| **What are your main concerns?**  |
|  |
| **What is the impact on you and on others?** |
|  |
| **Do you have any concerns in the following areas? If so, please describe** |
| **Attention and concentration** |  |
| **Speech sounds** |  |
| **Ability to express yourself** |  |
| **Your understanding** |  |
| **Social interaction**  |  |
| **Sensory difficulties** |  |
| **Mental health** |  |
| **Ability to regulate your emotions**  |  |
| **Gross motor and fine motor skills** |  |
| **Hearing** |  |
| **Vision** |  |
| **Learning**  |  |
| **Ability to work and keep a job** |  |
|  |
| **4. What has been done to date?**  |
| **What has been done already to support you?** |  |
| **Any agencies currently involved e.g. Mental health team, social care etc (please list as necessary)** | Name | Agency | Contact |
|  |  |  |
|  |  |  |
| **What other services or professionals are involved?** **(please list as necessary)** | Name | Agency | Contact |
|  |  |  |
|  |  |  |
|  |
| **5. Education**  |
| **Any concerns in school when growing up?** |  |
|  |
| **6. Employment History** |
| **What is your occupation (if applicable)?**  |  |
| **How many jobs have you previously had? Please list** |  |
| **Any difficulties working and holding on to jobs?** |  |
|  |
| **7. Risk assessment** |
| **Has there been any historical incidents of deliberate self-harm or suicidal ideation? Please provide dates.**  |  |
| **Do you feel you are a risk to yourself, to others or to property?**  |  |
| **Have emergency services been involved, if so when?** |  |
|  |  |
| **8. Neurodevelopmental Assessment** **Information** |
| **When there is an option, would you prefer a remote assessment or a face to face assessment ?** | Remote | Face to face  |
|  |
| **9. What outcome would you like from an assessment by Health Horizons Limited? Please provide as much information as possible.**  |
|  |
|  |
| **10. Consent** |
| You have agreed to referral to this service and have given written consent below to exchange information between relevant agencies including health, as appropriate |
|  |
| **11. Referrer Details** |
| **Name (if different from above)** |  |
| **Is this a self-referral ?** **(If not, please note consent from person needing assessment is needed )** |  |
| **Agency if not self-referral** |  |
| **Address (if different from above)** |  |
| **Email (if different from above)** |  |
| **Phone (if different from above)** |  |

**Signed: Date:**