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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 child / young person**  |
| **Name** |  |
| **Date of Birth** |  |
| **Gender** | Male Female |
| **NHS number** |  |
| **Address** |  |
| **Home phone** |  |
| **Mobile number** |  |
| **Email** |  |
| **GP Name** |  |
| **GP Address** |  |
| **GP Phone number** |  |
|  |
| **2. Family / Carer information**  |
| **Mother’s name (and address if different to above)** |  |
| **Father’s name (and address if different to above)** |  |
| **Is the child adopted or looked after? Please provide any relevant orders…** |  |
| **Who has parental responsibility?** |  |
| **Has the person with parental responsibility given consent for this assessment to take place?** |  |
| **Siblings:****Name** **Date of birth** **Continue as necessary….** |  |
| **Any physical or mental health problems in the family?** |  |
| **Significant others?****Please include relationship to child.**  |  |
|  |
| **3. Child/ Young person’s medical history**  |
| **Does the child have any medical problems or identified syndrome / diagnosis? Please summarise below** |
| **Is the child taking any medication?** |  |
| **Do they have any allergies?** |  |
|  |  |
| **4. Nature of child/ young person’s difficulties?**  |
| **What are the main concerns about the child/young person?**  |
|  |
| **What is the impact on the young person and on others?** |
|  |
| **Do you have any concerns in the following areas? If so, please describe** |
| **Attention and concentration** |  |
| **Speech sounds** |  |
| **Is the young person able to express themselves ok?** |  |
| **Is the young person able to understand what you say to him/her?** |  |
| **Social interaction**  |  |
| **Play skills** |  |
| **Behaviour** |  |
| **Sensory difficulties**  |  |
| **Gross motor and fine motor skills** |  |
| **Hearing** |  |
| **Vision** |  |
| **Learning**  |  |
|  |  |
| **5. What has been done to date?**  |
| **What has been done already to support the child/ young person?** |  |
| **Does the young person currently have the involvement from either CAMHS, social care, or the youth offending service? (please list as necessary)** | Name | Agency | Contact |
|  |  |  |
|  |  |  |
| **What other services or professionals are involved?** **(please list as necessary)** | Name | Agency | Contact |
|  |  |  |
|  |  |  |
| **Is the child under a formal process e.g. early help, child in need, EHCP. Please provide details of the co-ordinator**  |  |
|  |
| **6. Education** |
| **Which school or nursery does your child attend?** |  |
| **Are there are concerns reported from education?**  |  |
|  |
| **7. Risk assessment** |
| **Has there been any historical incidents of deliberate self-harm or suicidal ideation? Please provide dates.**  |  |
| **Does there continue to be any risks to the young person, to others (parents, siblings, teachers, professionals, others) or to property?**  |  |
| **Have emergency services been involved, if so when?** |  |
|  |  |
| **8. Neurodevelopmental Assessment** **Information** |
| **Please indicate if your family would accept an assessment at home, in a clinic setting and/or online. (Please note home assessments may incur travel expenses)** | Home | Clinic | Online |
|  |
| **9. What outcome would you like from an assessment by Health Horizons Limited? Please provide as much information as possible.**  |
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|  |
| **10. Consent** |
| Parents/carers of this child / young person have agreed to referral to this service and have given written consent below to exchange information between relevant agencies including health, education and children’s social care as appropriate |
|  |
| **11. Referrer Details** |
| **Name** |  |
| **Any relationship to child/young person?** |  |
| **Agency** |  |
| **Address** |  |
| **Email** |  |
| **Phone** |  |