



**Before providing us with your personal data, please ensure you have read our privacy policy on [healthhorizons.org.uk](http://healthhorizons.org.uk)**

**Please tick this box to provide consent for us to collect, store and share your personal data**

**1. Information about the child / young person**

<b>Name</b>	
<b>Date of Birth</b>	
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>NHS number</b>	
<b>Address</b>	
<b>Home phone</b>	
<b>Mobile number</b>	
<b>Email</b>	
<b>GP Name</b>	
<b>GP Address</b>	
<b>GP Phone number</b>	

**2. Family / Carer information**

<b>Mother's name (and address if different to above)</b>	
<b>Father's name (and address if different to above)</b>	
<b>Is the child adopted or looked after? Please provide any relevant orders...</b>	
<b>Who has parental responsibility?</b>	
<b>Has the person with parental responsibility given consent for this assessment to take place?</b>	
<b>Siblings: Name Date of birth Continue as necessary....</b>	
<b>Any physical or mental health problems in the family?</b>	
<b>Significant others? Please include relationship to child.</b>	



**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



<b>5. What has been done to date?</b>			
<b>What has been done already to support the child/ young person?</b>			
<b>Does the young person currently have the involvement from either CAMHS, social care, or the youth offending service? (please list as necessary)</b>	Name	Agency	Contact
<b>What other services or professionals are involved? (please list as necessary)</b>	Name	Agency	Contact
<b>Is the child under a formal process e.g. early help, child in need, EHCP. Please provide details of the co-ordinator</b>			
<b>6. Education</b>			
<b>Which school or nursery does your child attend?</b>			
<b>Are there are concerns reported from education?</b>			
<b>7. Risk assessment</b>			
<b>Has there been any historical incidents of deliberate self-harm or suicidal ideation? Please provide dates.</b>			
<b>Does there continue to be any risks to the young person, to others (parents, siblings, teachers, professionals, others) or to</b>			



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.**

--

**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	