

**NORTH EAST LINCOLNSHIRE MENTAL HEALTH SUPPORT TEAM (MHST) REFERRAL FORM**

<b>NAME</b>		<b>ADDRESS</b>	
<b>TELEPHONE CONTACT</b>		<b>POSTCODE</b>	
<b>LANDLINE</b>			
<b>MOBILE</b>			
<b>SCHOOL/COLLEGE ATTENDED</b>			
<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>	
<b>ETHNICITY</b>		<b>FIRST/PREFERRED LANGUAGE</b>	
		<b>INTERPRETER REQUIRED YES / NO</b>	
<b>NEXT OF KIN</b>		<b>CARER (if different)</b>	
<b>RELATIONSHIP</b>		<b>RELATIONSHIP</b>	
<b>CONTACT NUMBER</b>		<b>CONTACT NUMBER</b>	
<b>ADDRESS</b>		<b>ADDRESS</b>	
<b>POSTCODE</b>		<b>POSTCODE</b>	
<b>REFERRER</b>		<b>REFERRER ADDRESS</b>	
<b>CONTACT NUMBER</b>		<b>EMAIL</b>	
<b>GP (IF DIFFERENT)</b>		<b>SOCIAL WORKER/FAMILY SUPPORT PRACTITIONER</b>	
<b>PRACTICE</b>		<b>PROFESSIONAL ADDRESS</b>	
<b>CONTACT NUMBER</b>		<b>CONTACT NUMBER</b>	
<b>OTHER INVOLVED PROFESSIONAL CONTACTS</b>		<b>OTHER INVOLVED PROFESSIONAL CONTACTS</b>	
<b>NAME</b>		<b>NAME</b>	
<b>ROLE</b>		<b>ROLE</b>	
<b>CONTACT ADDRESS/TELEPHONE</b>		<b>CONTACT ADDRESS/TELEPHONE</b>	
<b>Has the referring professional sought/gained consent for referral</b> (give specific details of the actions taken and consent authority provided).			
<b>ALERTS OR WARNING INDICATORS</b>			
<b>DETAILS OF REQUEST FOR SERVICE</b> the referrer should be asked to describe the child or young persons' specific needs, areas of concern and service request.			

**HAS THE REFERRER IDENTIFIED ANY RISKS FOR THE CHILD OR YOUNG PERSON?** (detail the specific concerns/risks)

**RISK TO SELF**                                      **RISK TO OTHERS**                                      **SAFEGUARDING/RISK OF HARM**

**ADDITIONAL NEEDS** tick all that apply

**SUBJECT TO CPP**                                      **HOME EDUCATED**                                      **LAC/CARE LEAVER**  
**YOUNG CARER**                                      **NEET**                                      **SEND**  
**EXCLUDED/AT RISK**                                      **SUBSTANCE USE**                                      **DISABILITY/OTHER** specify

<b>DATE AND TIME OF REQUEST</b>	<b>RECEIVING WORKER / ROLE</b>			<b>SIGNATURE</b>		
<b>Outcome</b> (tick one only)	<b>Accept and allocate</b>	<b>Close NFA</b>	<b>Signpost - NFA</b>	<b>Refer to YMM - NFA</b>	<b>Refer to SN - NFA</b>	<b>Refer other (state) - NFA</b>

**After completion please pass to administrator for input to EMIS**