

**FAO:** Medinet Minds**Company Number:** 04724733**CQC Provider ID:** 1-101726729

*Please enclose a copy of the Summary Care Record and any other relevant information to support this referral.*

**Referral Form: Medinet Minds Children and Young Person's ADHD Service****Does the patient already have a formal UK diagnosis of ADHD?** Yes  / No **Referrer details:**Name: Job Title:  Agency: Address: Email Address: Contact Number:  Date of request: **DEMOGRAPHIC INFORMATION****CHILD / YOUNG PERSON'S DETAILS:**Full Name: Date of Birth:  NHS Number: Gender:  Ethnicity: Is this the gender assigned at birth? Yes  / No Address: CYP Phone Number:  1st Language (if not English): Parent/Carer Phone Number:  Interpreter required? Yes  / No GP Surgery / Address:

## PARENT / CARER DETAILS

### Parent/ Carer 1

Full Name:

Address:

Relationship to CYP:

Phone number:

Holds parental responsibility? Yes

/ No

1st Language  
(if not English):

Email Address:

Does parent /carer consent to receiving correspondence electronically via email? Yes

/ No

Are there any support needs for CYP or parent such as communication needs (visual or hearing impairment, access such as physical or learning disability, or is an interpreter needed?):

### Parent/ Carer 2

Full Name:

Address:

Relationship to CYP:

Phone number:

Holds parental responsibility? Yes

/ No

1st Language  
(if not English):

Email Address:

Does parent /carer consent to receiving correspondence electronically via email? Yes

/ No

Are there any support needs for CYP or parent such as communication needs (visual or hearing impairment, access such as physical or learning disability, or is an interpreter needed?):

**If parent/carers above do not hold parental responsibility,  
provide details of person/authority who does:**

Full Name:

Address:

Relationship to CYP:

Phone number:

Email Address:

## REASON FOR REFERRAL:

Please explain the reason for referral:

## CONSENT

Please confirm who has given consent for this referral to Medinet Minds

- Child/ Young Person
- Parent/ Carer
- Other person/authority with parental responsibility

## LEGAL STATUS

Tick any of the following that apply to the child/ young person and complete details:

- Looked After Child \*
- Subject to a Child Protection Plan \*
- Subject to a Child In Need Plan \*
- Adopted \*
- Under Special Guardianship
- Currently or previously under Mental Health Act

**\* If yes to any of the above; please provide the Social Worker details and ensure they are aware of this referral.**

### Social Worker

Please Provide additional information for this and contact details below for Social Worker:

Full Name:

Contact Number:

Email Address:

## RISK AND SAFEGUARDING INFORMATION

### Risk to self:

This may include self-injurious behaviour, self-harm, suicidal ideation, suicidal intent, self-neglect.

### Risk to others:

Aggression/ violence, ideas of harming others, sexualised behaviours

### Risk posed by others:

Physical, sexual or emotional abuse, neglect, exploitation, vulnerability – current and historical, other factors including cultural and environmental.

### Substance Misuse:

Alcohol Use / Drug use.

## EDUCATION

### Current Place of Education

Full Name:

Address:

Previous Schools:

Please select all that apply

CYP has learning difficulties

CYP supported through SEN Plan or equivalent? \*

CYP has a diagnosed learning disability

CYP has an Education & Health Care Plan (EHCP)\*

CYP supported through support plan \*

\* Please include with referral

## PREVIOUS SUPPORT & INTERVENTION

Which other professionals/ services have been involved to support these concerns;

- 0-19 Service (health visitor/ school nursing)
- Family Support Service
- Early Help Service
- Paediatrics (acute or community)
- Speech and Language Therapy
- Educational Psychologist
- Learning and/or behaviour support services in school
- Occupational Therapy
- Dietitian
- Mental Health Support Team / School counsellor
- Action for Children
- The Sandbox
- Youth Offending Service
- Other, please provide details:

## Summary Care Record:

Copy of SCR sent with referral?

**Please note we will not be able to proceed without this.**

Yes