medinet Minds

HSJ INDEPENDENT HEALTHCARE PROVIDERS AWARDS | Best Provider of Outpatient Services

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 ASD Service

Does the patient already have a formal UK diagnosis of ASD? 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/carer(s) 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 has a diagnosed learning disability
- ☐ CYP supported through support plan *
- ☐ CYP supported through SEN Plan or equivalent? *
- ☐ CYP has an Education & Health Care Plan (EHCP)*

*** 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