

Positive behaviour, Autism, Learning disability, Mental health Service
(PALMS)

REFERRAL FORM

All fields are mandatory in order to process the referral.

Child Information

Name of Child: _____

Gender: _____

Date of Birth: _____

N.H.S No: _____

Address: _____

Tel: _____

Mobile: _____

GP (name, address & telephone no):

School (name, address & telephone no):

Names of those who hold Parental Responsibility? _____

Please provide parental contact details if different from the child/young person:

Referrer Information

Referred by:
(Please state your name and job title)

Date of Referral: _____

Signature: _____

Address: _____

Tel: _____

Consent to Referral

	Yes	No
Have you discussed this referral with the family/young person?	<input type="checkbox"/>	<input type="checkbox"/>
Is the family/young person willing to attend PALMS?	<input type="checkbox"/>	<input type="checkbox"/>
Does the family/young person consent to the PALMS contacting the professionals involved prior to meeting us if appropriate?	<input type="checkbox"/>	<input type="checkbox"/>

- 1) Please detail your involvement with the child/young person and in what capacity you will continue to be involved. Please indicate if you are requesting joint work.**

- 2) Please provide current evidence of whether the child/young person has a global learning disability and/or an autistic spectrum disorder (as defined by PALMS eligibility criteria).**

- 3) Describe the child/young person's needs that you are requesting support for (e.g. toileting, feeding, sleeping, behaviour and/or mental health difficulties).**

- 4) Specify how each need identified above presents at home, school, and in other settings.**

- 5) Specify how long the difficulties have been identified (example: weeks, months, years).**

6) Describe the impact of these needs on the child/young person and family.

7) The interventions and services already accessed and how the needs are currently managed.

8) Please provide any further details you believe to be pertinent to the referral.

9) Please specify any Child Protection Issues:

10) Please specify any risk concerns including information pertinent to PALMS undertaking home visits:

Please list any documentation you have attached to the referral:

THANK YOU FOR COMPLETING THE FORM

