

### Initial Referral Detail

[South Gloucestershire HSB Service User Information Part A]

<b>Date of Referral</b>			
<b>Name of person taking Referral</b>			
<b>Name and contact details of Referrer:</b>			
<b>Address</b>			
<b>Email</b>			
<b>Telephone</b>			
<b>Service Area (Please tick or cross where appropriate)</b>			
<b>Service Area</b>	<b>North</b>	<b>South</b>	<b>Central</b>
Access and Response Team			
0 – 25 Disability Team			
Transitions to Independence			
Looked After Children			
Locality Team			
<b>Resource Panel Date and Chair:</b>			
<b>ASSESSMENT</b> (Please Tick)		<b>Note:</b> This referral takes about one hour to complete and forms part of the Service. Please request all previous reports be sent prior to referral conversation and arrange sufficient time	
<b>THERAPY</b> (Please Tick)		<b>Note:</b> This referral takes about 30 minutes to complete. Please request all previous reports prior to conversation.	
<b>Name of Young Person/Child:</b>		<b>D.O.B</b>	

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Ethnic Origin (Please circle appropriate)		
White – British	White – Irish	White – Other
Black – British	Black – African	Black – Other
Chinese	Mixed – White and Black African	Mixed – White and Black Caribbean
Bangladeshi	Pakistani	Indian
Asian/Asian British – Indian	Asian/Asian British – Pakistani	Asian/Asian British – Bangladeshi
Arabian	Other please specify:	
Child's Legal Status:		
Is the Child/Young Person on a disability register?		Yes / No
Is the Child/Young Person subject to a Child in Need Plan		Yes / No
Is the Child/Young Person subject to a CP Plan?		Yes / No
Is the Child/Young Person classed as 'looked after' by LA?		Yes / No
Is the Child/young Person Adopted		Yes/No
<b>Parents/Carers Name(s):</b>		
<b>Home Address and contact details. Telephone Numbers and email.</b>		
<b>BACKGROUND AND REASON FOR REFERRAL:</b> Current Professional Context, (Charges, Court Orders, Safeguarding etc.) Previous Assessments or Therapeutic Work. Professional views and concerns.		

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<b>FAMILY AND INDIVIDUAL BACKGROUND:</b> Genogram: including Grandparents and parents, siblings, signs of safety and danger, attachment patterns, trauma and losses, descriptions of child or young person – development. Physical , mental or intellectual disabilities which impact on the child or YP's wellbeing:	
<b>CONCERNING BEHAVIOURS:</b> Details of sexual behaviour; Context of sexual behaviour and risk, previous responses and sanctions including child or YP attitude. Victim details and restorative processes.	
<b>RESOURCES:</b> individual and relational. Support, skills, engagement,	
<b>PROFESSIONAL NETWORK:</b>	
Social Care	
Health	
Fostering or Adoption Agency Staff	
Education	

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Youth Offending Team (YOT)	
Voluntary Sector	
Other	
<b>NEXT STEPS:</b>	

**Additional Information & Individual Risk Assessment**  
 [South Gloucestershire HSB Service User Information Part B]

1. Core Therapists	
Name of Therapist(s) involved	Contact Details

ASSESSMENTS AVAILABLE FROM KEY AGENCIES? e.g. Core Assessment, Court Assessment		
Document	Date Requested	Date Received
1. HEALTH INFORMATION		
Primary Disability ( Please Circle Appropriate)	Autism/ASD	Sensory Impairment
	Physical Disability	Complex Health
	Learning Disability	Life Limited
	Other	None
Secondary Disability ( Please Circle Appropriate)	Autism/ASD	Sensory Impairment
	Physical Disability	Complex Health
	Learning Disability	Life Limited
	Other	None
Current medication		
Allergies		
Special dietary needs		

**Additional Information & Individual Risk Assessment**  
 [South Gloucestershire HSB Service User Information Part B]

2. SIGNIFICANT FAMILY OR HOUSEHOLD MEMBERS	
Other members of the Family or Household who are significant to the YP – birth parents, siblings, grandparents etc.	
Name	Nature of Relationship to child/young person. Age of Siblings.

Individual Risk Assessment <i>To be completed prior to undertaking work:</i>					
Name of Child/Young Person	Age / DOB	Gender		Ethnic Origin	
Home Address	School Address			Contact Telephone numbers	
Type of work (please tick)	Support		Therapy		Transport
Person Completing Form			Others Consulted		
				Date	

**Additional Information & Individual Risk Assessment**  
 [South Gloucestershire HSB Service User Information Part B]

Please mark relevant areas and give details of CURRENT risks and needs:					
Area of risk:	Low	Med	High	Details	Action to minimise risk
Verbal aggression					
Physical aggression					
Wandering off, absconding cancellations					
Offending behaviour					
Self-harming behaviour					
Substance/drug misuse					
Sexualised behaviour towards other children/adults					
Allegations					
Problems when transporting child					
Activities to be avoided				Communication needs: (e.g. SALT assessment)	