

PIMM Referral Form			
Young Person Being Referred			
Surname			
Forename			
DOB			
Gender Identity	Male / Female / Other	Disability	ADHD / Autism/ ASD / Other
Address			
DA in the Home? (as ACE characteristic)			
School (if attending)			
School Exclusion	No / FTE / PEXD / Other	County Lines	Yes / No
NRM Referral	Yes / No	Concern Category	CSE / CCE / Both
Lead Professional			
Name of lead professional			
Agency			
Person Making Referral			
Name			
Agency			
Email address			
Telephone number			
Reason for Referral - why are you referring/ what information do you have that is relevant to support the referral/knowledge of any existing support or intervention/risks and harms evident.			

Expectations for Referral

Young Persons ethnic origin?	Tick
• Arab	
• Asian/Asian British – Bangladeshi	
• Asian/Asian British – Indian	
• Asian/Asian British – Pakistani	
• Asian/Asian British – Chinese	
• Asian/Asian British – Other (please state)	
• Black/African/Caribbean/Black British – African	
• Black/African/Caribbean/Black British – Caribbean	
• Black/African/Caribbean/Black British – Other (please state)	
• Gypsy or Traveller of Irish Heritage	
• Mixed/Multiple Ethnic Groups – White & Asian	
• Mixed/Multiple Ethnic Groups – White & Black African	
• Mixed/Multiple Ethnic Groups – White & Black Caribbean	
• Mixed/Multiple Ethnic Groups – Other (please state)	
• White – English/Welsh/Scottish/Northern Irish/British	
• White – Irish	
• White – Other (please state)	
• Other ethnic group (please state)	
• Prefer not to say	