Norfolk Community Health and Care NHS Trust

NCH&C Referral Form (replacing previous DASH form)
Children and Young People's (CYP) Community Children Health Services

Please complete ALL relevant parts of this form and include/attach all relevant information and details in support of the referral. This will enable clinical screening and ensure the needs of the child or young person will be met by the most appropriate service or services within NCH&C. Please note: fields marked **Mandatory** MUST be completed

Additional information (sections 6 & 7) is required if the referral is for neurodevelopmental concerns for children aged 6 years and above (up to 12th birthday), including Autism Spectrum Disorder (ASD), Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD). Without this information we will be unable to proceed with any assessment and the referral will be returned. For further information please use the referral guidance available via http://nww.knowledgeanglia.nhs.uk/heron_km/organisationdetails.aspx?id=21465

For ***referrals for children aged 12 years and over with neurodevelopmental concerns***, these referrals will be ***clinically triaged*** with ***support from CAMH services***.

Section 1 - Key information about the Child/Young Person (Mandatory)					
Surname of CYP		Male ☐	Female ☐	Date of birth	/ /
First name of CYP		NHS No			

Section 2 - Referrer's Information (Mandatory)		
Name		Address and postcode:
Job title/role		
Agency/organisation		
Contact number		
E-mail address		
Date of referral		

Section 3 - Service(s) required			
Please indicate the service(s) delivered by NCHC you expect are required to support the needs of the child/young person.			
Community Paediatrics up to the 6th birthday for developmental concerns	☐	Community Paediatrics for complex needs 0–19 years	☐
*Neurodevelopment concerns e.g. ASD, ADD or ADHD for children aged 6 years and up to 12th birthday	☐	*Neurodevelopment concerns for children aged 12 years and over (note referrals will be jointly clinically triaged with CAMHS)	☐
Children's Community Nursing *includes epilepsy*	☐	Continence service	☐
Occupational Therapy	☐	Children's LD CAMHS (STARFISH)	☐
Keyworking	☐	Short Breaks Residential (note referrals will be reviewed jointly with NCC)	☐
		Home based Short Break Nursing Team	☐

* Neurodevelopmental concerns for Autism Spectrum Disorder, Attention Deficit Disorder & Attention Deficit and Hyperactivity Disorder, referrals require provision of information in sections 6 and 7 below.

Section 4 - Parental responsibility consent (Mandatory)		
Parental consent discussed and agreed to share personal information with NCHC. The information may be shared with other parts of Norfolk Community Health and Care (NCH&C) and/or contact may be made to other agencies where necessary in order for NCHC to assess the need or provide appropriate service.	Yes ☐	No ☐
Consent to receive text messages – please ensure mobile contact is provided below	Yes ☐	No ☐

Section 5 - Further information about the Child/Young Person (Mandatory)		
Home address and postcode:	Name of main carer:	
	Relationship to CYP:	
	Home telephone no:	
	Work telephone no:	
	Mobile telephone no:	
Who has parental responsibility for the child/young person? (Please include relationship to child and an address if		

different to the child/young person's)					
Relationship to child		Address if different to child/young person			
Child's preferred first language:		Religion:		Ethnic origin:	
Is an interpreter or signer required?			If yes, please state which language		
Yes ☐	No ☐	Unknown ☐			

Section 6 - Reason(s) for referral (Mandatory)

Section 7 - Referral Information

(This section is only **Mandatory** if referring for concerns for neurodevelopment concerns such as Autism Spectrum Disorder (ASD), Attention Deficit Disorder (ADD), or Attention Deficit and Hyperactivity Disorder (ADHD), or other behavioural, learning or developmental problem (s) otherwise only complete if relevant for the referral)

What is the problem you have identified for the child/young person? Areas to think about: child's functioning in home/school and with peers. Where possible please provide specific examples.

Please outline any strategies that have been used to help the child/young person

Relevant History Please include key areas of concern (e.g. history of difficulties, medical history, allergies, developmental history, family structure)

What is life like for the family? Areas to think about – family history, circumstance and functioning, family members, family health and wellbeing, housing, employment, money, violence in the household, social integration and community resources where they live, history of significant events, support networks? Cover strengths as well as risk factors

Are further information/reports attached to this referral? For neurodevelopmental concerns we require at least one of the following: Educational Psychology report; assessment report by advisory teacher for learning support or advisory teacher report for behavioural support.	Yes ☐	No ☐
If yes, please state which reports or info is attached.		

Is the child/young person a Looked After Child?	Yes ☐	No ☐	Unknown ☐
Is the child/young person Adopted?	Yes ☐	No ☐	Unknown ☐
Does the child/young person have a Child Protection Plan?	Yes ☐	No ☐	Unknown ☐
Does the child/young person have an Education Health and Care (EHC) Plan?	Yes ☐	No ☐	Unknown ☐
Does the child/young person have a disability?	Yes ☐	No ☐	Unknown ☐
Are there any safeguarding concerns?	Yes ☐	No ☐	Unknown ☐
If there is a safeguarding concern, is the child/young person known to social care?	Yes ☐	No ☐	Unknown ☐
Has a Common Assessment Framework been completed? *	Yes ☐	No ☐	Attached Yes ☐ No ☐

Section 8 - Professionals Involved (Mandatory)			
Which other professionals are already involved with this child/young person?			
Start Date	Agency	Name & Role	Telephone contact/email

Section 9 - GP details if not the referrer (Mandatory)			
Name of GP		Practice name	
Address		Secure email address	
Postcode		Contact number	

Section 10 – Single Point of Referral (SPoR) Contact Details	
Please ***do not address*** referrals to the ***Consultant Community Paediatricians*** either at the Community Hospital or at the Norfolk & Norwich University Hospital as this delays the referral being processed. ***Please address all referrals to Single Point of Referral***	
E-mail	**The SPoR will accept Referral Forms via e-mail which must be sent from secure NHS email accounts or by post** @nhs.net accounts to **nchc.spor@nhs.net** *(secure)*
Post	**Single Point of Referral** The Children's Centre - Block 15 Norwich Community Hospital, Bowthorpe Road, Norwich NR2 3TU ☎ 01603-508978

Safeguarding concern? Please call MASH via 0344 800 8020