



GETTING HELP FORM - THE NEURODIVERSITY HUB (Parent/Carer Version)

Form Completed by:	
Relationship to child/young person:	
Name:	Date of Birth:
Address:	NHS Number:
	Gender:
Postcode:	Telephone:
GP:	Nursery/School:
	Are they currently attending regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic Origin:	Religion:
Interpreter required:	Language required:
Health Visitor:	Address and Phone Number:
Known Allergies:	
Are you currently known/have previously been known to Children's Social Care? <i>This may be in the form of a Child in Need Plan, Child Protection Plan or they may be a Looked After Child</i> <input type="checkbox"/> Yes (please add more information below) <input type="checkbox"/> No <hr/>	
Do you currently have or have you previously had an Early Help Assessment (EHA) in place? <input type="checkbox"/> Yes (please add more information below) <input type="checkbox"/> No <hr/>	
Who has Parental Responsibility for the child/young person? Please State Names	

Support required by your family and child/young person

What are the current situations that you feel you or your child/young person need further support with?

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Have you spoken with your child's health visitor/school nurse or SENCo about your concerns?

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Which services have been accessed previously?

Service	Date Accessed:	Outcome:
<input type="checkbox"/> Audiology		
<input type="checkbox"/> Children's Centre Groups		
<input type="checkbox"/> Children with Disabilities Team		
<input type="checkbox"/> CAMHS		
<input type="checkbox"/> Educational Psychology		
<input type="checkbox"/> Home Start		
<input type="checkbox"/> OT Sensory Workshop		
<input type="checkbox"/> Physiotherapy		
<input type="checkbox"/> School Health		

<input type="checkbox"/> Shine Course (Barnardos)		
<input type="checkbox"/> Speech and Language Therapy and/or drop-ins		
<input type="checkbox"/> #THRIVE		
<input type="checkbox"/> Team for Autism and Social Communication (RANS/TASC)		
<input type="checkbox"/> Webster Stratton Course		
Other:		
Which areas would you like further support/information about? (select all that apply)		
<input type="checkbox"/> Anxiety		
<input type="checkbox"/> Information on parental support services		
<input type="checkbox"/> Sensory needs		
<input type="checkbox"/> Sibling support and social groups for children and young people		
<input type="checkbox"/> Sleep (non-medicated sleep issues)		
<input type="checkbox"/> Speech, Language and Communication		
<input type="checkbox"/> Supporting your child with their emotions/behaviour		
<input type="checkbox"/> Toileting		
<input type="checkbox"/> Other:		
Does this child have any of the following:		
<input type="checkbox"/> Individual Health Care Plan		
<input type="checkbox"/> Is at SEN Support		
<input type="checkbox"/> Education Health Care Assessment		
<input type="checkbox"/> Educational Health Care Plan		

Please use the space below to share anything else regarding your child/young person's development, strengths and needs:

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Consent to referral – Parent/Guardian signature is required

I agree to the above referral and give consent for the Neurodiversity Hub to gather relevant information regarding my child and his/her development with other services involved, including nurseries/schools.

Parent/Guardian Signature:

Date:

Name:

Relationship to the child/young person:

Referrer Details

Referrer:

Designation:

Address and Contact Number:

Date:

Signature:

Please send the completed referral to pcn-tr.camhsspoa@nhs.net

For general information regarding The Neurodiversity Hub or if you require support completing a referral you can contact the team via telephone on 07858685131 or via email on hmr-ndhub@nca.nhs.uk