

Contact Arrangements:

With family:

With extended family and friends:

Restricted contact including telephone calls:

Does the young person have a Personal Educational Plan? YES NO

School Currently Attended:

Are there any other external agencies involved with the young person? YES NO
e.g. CAMHS, Kaleidoscope?

If YES, please provide Name of Service(s): **Named contact(s) (if known):**

Staying Safe:

Is the young person subject to any legal order? YES NO

If YES, what category?

Is young person subject to Child Protection Plan? YES NO

Please comment on the young person's general health – Do they have any allergies, outstanding treatment required?

Details of previous / current GP, dentist, optician appointments etc.

What are the young person's likes / dislikes?

What are the young person's views on this referral?

Any further information you feel relevant to the referral:

Other documents included with referral

Checklist:	YES	NO
Current LAC	<input type="checkbox"/>	<input type="checkbox"/>
LA Care Plan	<input type="checkbox"/>	<input type="checkbox"/>
PEP	<input type="checkbox"/>	<input type="checkbox"/>
LA Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

To the best of my knowledge, the information provided is full and accurate and no information has been withheld:

Signed **Date**

Received by **Date**