**Part 1: Referring Information**

Referrer’s Name:

Position/Role:

Date of Referral:

Reason for Referral (brief description of why the referral is being made):

**Part 2: Young Person’s Information**

Full Name:

Year group:

Home Contact Name and Relationship to Young Person:

Home Contact Phone Number:

**Part 3: Current Mental Health and Wellbeing**

Presenting Issues/Concerns (What challenges is the young person facing?):

Duration of Issues (How long have the current issues been present?):

Symptoms (e.g., anxiety, depression, mood swings, social withdrawal, etc.):

**Part 4: Consent**

Has the young person been informed of the referral?

Yes (the young person must consent)

If under 16 years old, does the parent/guardian give consent for the referral?

Yes / No

Parent/Guardian Name:

Parent/Guardian Phone Number:

**Part 5: Goals and Expectations**

What are the young person’s goals or expectations for mental health support? (e.g., coping strategies, exam stress, offload):

Any additional support or services needed (e.g., school nurse, chaplain, etc.):

**Part 7: Referring Professional's Signature**

Signature of Referring Professional: J Pulford

Date:

Further Comments (if any):

Outcome: