**Contact Point Referral Form**

**(Hull & East Yorkshire)**

Please complete all sections and then email to: [hnf-tr.contactpointreferrals@nhs.net](mailto:hnf-tr.contactpointreferrals@nhs.net)

If any section is left blank then the referral form **will be returned to you.**

**Referral priority definitions and response times**  
*Urgent - Within 24 hours:*Active and or significant risk of harm to self or others but with no immediate intent or presenting with possible psychosis.

*Routine - Within 4 weeks:*Where there is no risk identified

***(Please note that Contact Point operates Monday to Friday 9-5pm excluding bank holidays.  Urgent referrals received out of these hours will be responded to on the next working day)***

|  |  |
| --- | --- |
| **Section 1: Referrer details** | |
| Priority of referral (see above definitions): | Urgent/Routine |
| Date of referral: |  |
| Referrers name: |  |
| Organisation: |  |
| Address: |  |
| Telephone number; |  |
| Email address: |  |
| **Section 2: Parent/Carer details** | |
| Parent/Carer name: |  |
| Relationship to Child: |  |
| Address: |  |
| Telephone number: |  |
| Email address: |  |
| Does the parent/carer of the young person consent to this referral being made? | Yes/No |
| Does the young person consent to the referral being made? | Yes/No |
| Does the parent/carer of the young person consent to information sharing with other agencies? | Yes/No |
| **Section 3: Child’s details** | |
| Name of child: |  |
| Telephone Number **For over 16’s Only** |  |
| Date of birth: |  |
| NHS number (if known): |  |
| Gender: |  |
| Ethnicity: |  |
| Address (if different to Parent/Carers): |  |
| School name: |  |
| Has the child been known by any other names: | Yes (please specify)/No |
| Looked After Child: | Yes (please specify who has parental responsibility)/No |
| Disability or additional needs: | Yes (please specify)/No |
| Interpreter needed: | Yes (please specify language)/No |
| **Section 4: GP details** | |
| GP Practice Name: |  |
|  |  |
| **Section 5: Reason for referral** | |
| What is the reason for the referral and/or the current difficulty for the young person? |  |
| How long has this difficulty been around for? |  |
| Is the difficulty present: | 1) Just at home  2) Just at school  3) At home and at school |
| Does anything make the difficulty better? |  |
| Does anything make the difficulty worse? |  |
| Is the young person receiving any support for this at the moment or have they in the past (please specify)? |  |
| Is the young person currently prescribed any medication for their current difficulties? |  |
| **Section 6: Risk to self or others** | |
| **Historic or current self-harm** | Yes (please see below)/No |
| Please include additional information on the following:   * How often is the young person self-harming/were they self-harming? * What is/was the young person using to self-harm? * How frequently are/were they self-harming? | |
| **Historic or current thoughts of suicide** | Yes (please see below)/No |
| Please include additional information on the following:   * How frequently is/was the young person having these thoughts? * Does the young person have a plan to end their life? * Does the young person have intent to act on these thoughts? | |
| **Previous suicide attempts** | Yes (please see below)/No |
| Please include information on the following:   * Details of any previous suicide attempts and when they occurred | |
| **Any other risks** | Yes (please see below)/No |
| Please include information on any other risks (*please note it is the responsibility of the referrer to make a safeguarding referral if needed*): | |