**Harrow MASH Referral Record – Golden Number 0208 901 2690**

**Email:** [**duty&assess@harrow.gov.uk**](mailto:duty&assess@harrow.gov.uk) **/** [**duty&assess@harrow.gov.uk.cjsm.net**](mailto:duty&assess@harrow.gov.uk.cjsm.net) **((**

**Referral Details**

|  |  |
| --- | --- |
| Date of Referral |  |

|  |  |
| --- | --- |
| Name of Referrer |  |

|  |  |
| --- | --- |
| Relationship with Subject / Professional Role |  |

|  |  |
| --- | --- |
| Telephone Number |  |

|  |  |
| --- | --- |
| Email Address |  |

**Family / Household details**

# 

## Child Details

Details of all subject child(ren)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | DOB/EDD | Gender | Disability/Learning Need | Address | Telephone | Ethnicity | Religion |
|  |  |  |  |  |  |  |  |

Family / household members

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | DOB/EDD | Gender | Religion | Ethnicity | Parental Responsibility | Telephone | Relationship to the above child/ren |
|  |  |  |  |  |  |  |  |

Other significant people not living in the household

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | DOB/EDD | Gender | Parental Responsibility | Telephone | Address | Ethnicity | Religion | Relationship to Child |
|  |  |  |  |  |  |  |  |  |

## GP Details

|  |  |
| --- | --- |
| GP Practice |  |

|  |  |
| --- | --- |
| GP Name |  |

|  |  |
| --- | --- |
| Telephone Number + Email |  |

|  |  |
| --- | --- |
| GP Address |  |

## Early Years Provision/ School/ College Details

|  |  |
| --- | --- |
| School Name |  |

|  |  |
| --- | --- |
| School Contact Name |  |

|  |  |
| --- | --- |
| Telephone Number + Email |  |

|  |  |
| --- | --- |
| School Address |  |

## Other Professionals Involved (Include any known community/voluntary/faith organisations)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role | Detailed | Contact |
|  |  |  |  |

**Referral Information**

# 

## Provide a summary of any current or previous concerns you have about this child in the boxes below (where possible use Signs of Safety Methodology: What are you worried about? What are the strengths/what is working well/safety factors? Are there any complicating factors? Are there any grey/unknowns areas?)

|  |  |
| --- | --- |
| Presenting Issue |  |

|  |  |
| --- | --- |
| Relevant History |  |

Are there any health and safety risks that require consideration by practitioners e.g. violent person, dangerous animal?

|  |  |
| --- | --- |
| Yes |  |

|  |  |
| --- | --- |
| No |  |

|  |  |
| --- | --- |
| If yes, provide details |  |

Are there any specific additional communication / language / disability needs?

|  |  |
| --- | --- |
| Yes |  |

|  |  |
| --- | --- |
| No |  |

|  |  |
| --- | --- |
| If yes, provide details |  |

Is the Young Person aware of this referral?

|  |  |
| --- | --- |
| Yes |  |

|  |  |
| --- | --- |
| No |  |

|  |  |
| --- | --- |
| If yes, provide details |  |

Has there previously been a referral made regarding the child or family?

|  |  |
| --- | --- |
| Yes |  |

|  |  |
| --- | --- |
| No |  |

|  |  |
| --- | --- |
| If yes, provide details |  |

Is the Parent aware of this referral?

|  |  |
| --- | --- |
| Yes |  |

|  |  |
| --- | --- |
| No |  |

|  |  |
| --- | --- |
| If yes, provide details |  |

Do we have consent from parent to share/seek further information?

|  |  |
| --- | --- |
| Yes |  |

|  |  |
| --- | --- |
| No |  |

|  |  |
| --- | --- |
| Consent Not Obtained |  |

|  |  |
| --- | --- |
| Provide details if No / Not obtained |  |