|  |  |
| --- | --- |
|  | **Irish Child & Family Institute**  (www.irishchildandfamily.com) |

Referral Form for Consultation/Assessment

|  |
| --- |
| **Case Nº:\_\_\_\_\_\_\_\_\_\_. (**Office use only**)** |
| **Date of referral:** |
| **NAME OF REFERRER:**  **Profession:**  **Referring organisation:**  **Address:**  **Mobile Tel.:** |
| **FAMILY COMPOSITION:** (include ages of children and adults) |
| **LEGAL STATUS OF THE CASE:** |
| **WHAT INFORMATION DO YOU NEED TO SUPPORT YOUR DECISION-MAKING RELATED TO THIS CHILD/YOUNG PERSON AND/OR FAMILY?** |
| **WHAT FACTOR(S) WOULD YOU LIKE THIS ASSESSMENT TO EXPLORE?** (MARK WITH AN ‘X’)   * \_\_\_ Harmful Sexual Behaviour/Problematic Sexual Behaviour (Adolescent) * \_\_\_ Harmful Sexual Behaviour/Problematic Sexual Behaviour (Adult) * \_\_\_Mental Health * \_\_\_ Capacity & Ability to Supervise and Protect * \_\_\_ Parental Access Issues * \_\_\_Other, please specify. |
| **PRESENTING PROBLEM:** |
| **PREVIOUS ASSESSMENTS? IF YES, GIVE DETAILS:** |
| **PREVIOUS/CURRENT INTERVENTIONS? IF YES, GIVE DETAILS:** |
| **OTHER PROFESSIONALS INVOLVED:** |
| **WHAT IS WORKING WELL FOR THIS CLIENT/FAMILY?** |
| **FOR OFFICE USE ONLY** |
| **Outcome of consultation:** |
| **Date of consultation meeting with referrer and outcome:** |
| **Agreed Terms of Reference:** |
| **Assessment assigned to:** |
| **Completion date for Assessment report:** |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: