



# Referral Form

Please download and save before completion

## Child's details

Surname		Forename(s)		Known as	
Date of birth				NHS number	
Gender		Home address			
Religion					
Telephone numbers					

Are there any safeguarding concerns with the referred child and / or other members of the household? Yes or No?		If yes, please give brief outline including social worker and contact details	
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## Current family details

<b>Parent/Carer 1</b>		Parental Responsibility? (Please Tick) <input type="checkbox"/>	
Name			
Address (If Different To Above)			
Phone		Email	
Gender		Ethnic Group	
Relationship to child		Religion	
Do they have a disability?			
Main language(s)			
Interpreter Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do they read English? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not, how do they communicate?			

<b>Parent/Carer 2</b>		Parental Responsibility? (Please Tick)	
Name			
Address (If Different To Above)			
Phone		Email	
Gender		Ethnic Group	
Relationship to child		Religion	
Do they have a disability?			
Main language(s)			
Interpreter Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do they read English? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If not, how do they communicate?			
If neither of the above have parental responsibility, who does?			
What are their contact details?			
Letters should be addressed to			

### Siblings (and other household family members)

Relationship to child	Sibling name	Gender	DOB	DOD	Do they have same condition (Y/N)	Language or religion if different

Additional information such as relevant current family circumstances and other key family members

### Diagnosis and medical needs

Diagnosis
Nursing, social, medical needs and history



## Who or what prompted you to make this referral to Rainbows?

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## Referral to which services?

Short break stays	Symptom/Medication review	Outreach
End of life care	Family Support	Social Work
Sibling support (inc bereavement)	Transition/Youth work	Use of bereavement suite

## Ethnic Group

White	<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British Irish <input type="checkbox"/> Gypsy Or Irish Traveller <input type="checkbox"/> Any Other White Background: <hr/>
Mixed Multiple Ethnic Groups	<input type="checkbox"/> White And Black Caribbean <input type="checkbox"/> White And Black African <input type="checkbox"/> White And Asian <input type="checkbox"/> Any Other Mixed/Multiple Ethnic Background: <hr/>
Asian Or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any Other Asian background: <hr/>
Black/African/Caribbean/ Black British	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any Other Black, African, Caribbean Background: <hr/>
Other Ethnic Groups	<input type="checkbox"/> Arab <input type="checkbox"/> Any Other Ethnic Group: <hr/>

It is the referrer's responsibility to provide evidence of medical information (eg recent clinic letters) that supports the child/young person's life limiting condition. Please include as much relevant detail as you can to enable the referral to be processed as quickly as possible.

**Please complete separate Referral Criteria Form**

Supporting documentation sent	
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**Consent**

Have the child's parents (or those with parental responsibility) consented to the referral?

Yes  No

Has the young person consented to the referral (if applicable)?

Yes  No

Rainbows uses a clinical computer system, SystemOne, which lets health staff record patient information securely, onto a computer. This information can be shared with other clinicians so that everyone caring for a patient is fully informed about things like their medical history, allergies and medications.

<b>Referrer</b> - by signing the Referral Form you are confirming this referral has been consented to by the family	
Name	
Role	Job title (if relevant)
Organisation	
Phone	Email
Signature	Date

