

## 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:	
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

<b>Section 4: GP details</b>	
GP Practice Name:	
<b>Section 5: Reason for referral</b>	
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?	
<b>Section 6: Risk to self or others</b>	
<b>Historic or current self-harm</b>	Yes (please see below)/No
Please include additional information on the following: <ul style="list-style-type: none"> <li>How often is the young person self-harming/were they self-harming?</li> <li>What is/was the young person using to self-harm?</li> <li>How frequently are/were they self-harming?</li> </ul>	
<b>Historic or current thoughts of suicide</b>	Yes (please see below)/No
Please include additional information on the following: <ul style="list-style-type: none"> <li>How frequently is/was the young person having these thoughts?</li> <li>Does the young person have a plan to end their life?</li> <li>Does the young person have intent to act on these thoughts?</li> </ul>	
<b>Previous suicide attempts</b>	Yes (please see below)/No
Please include information on the following: <ul style="list-style-type: none"> <li>Details of any previous suicide attempts and when they occurred</li> </ul>	
<b>Any other risks</b>	Yes (please see below)/No
Please include information on any other risks ( <i>please note it is the responsibility of the referrer to make a safeguarding referral if needed</i> ):	