**Referral and Assessment Form**

Person making referral: …………………………………………...

Contact number: ...…………………………………………………

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| **Subject’s**  **Surname** |  | **Forename(s)** |  |
| **D.O.B**  **&**  **Place of birth** |  | **Male/Female** |  |
| **Address** |  | | |
| **Tel No(s)**  **Mobile** |  | **Email** |  |
| **School or**  **Employment** |  | | |

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| **Reason for referral** |
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Household composition

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| --- | --- | --- | --- |
| **Name** | **D.O.B** | **Gender** | **Relationship to subject** |
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Other Significant Adults

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| **Name** | **D.O.B** | **Gender** | **Address** | **Relationship** |
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| **Agencies Involved** | **Contact** | **Telephone** | **Email** |
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Assessment: Please complete the following, alternatively you may attach a completed CAF or ASSET or APIR

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| **Family History, functioning and well-being**  *(Illness, bereavement, violence, drug use, criminality, relationship breakdown)* |

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| **Participation in learning, education and employment**  *(Attendance and achievement, personal and social development)* |

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| **Health**  *(Physical and mental well-being. The impact of genetic factors and of any impairment need to be considered)* |

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| **Emotional/Social Development**  *(Confidence, psychological difficulties, coping with stress, adaptation to change)* |

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| **Identity, Self Esteem, Self Image and Social Presentation**  *(Perceptions of self, sense of belonging, experiences of discrimination, acceptance by family, peer group and wider society, understanding of the way in which appearance and behaviour are perceived by the outside world and the impression being created)* |

**Based on the above, what are the key needs of the subject?**

**Based on the above what do you think is the impact/risk for the subject?**