

Referral to Tuning in to Kids/Teens

Children / young person

Name	
DOB	
Gender	Male / Female
Age	
School	

Children / young person

Name	
DOB	
Gender	Male / Female
Age	
School	

Children / young person

Name	
DOB	
Gender	Male / Female
Age	
School	

Parents / carers

Name	
Relationship to child	
Address (if different)	
Consent:	Are the parents / carers aware of this request? Yes / No Are they in agreement with it? Yes / No

Parent/carers

Name	
Relationship to child	
Address (if different)	
Consent:	Are the parents / carers aware of this request? Yes / No Are they in agreement with it? Yes / No

Services currently involved

Name	Service	Telephone

Reason for referral

Concern:

Action already taken:

Action requested / solution sought:

Has an EHA form been completed? Yes / No. If yes, is a copy attached? Yes / No

Details of any special requirements:

Person making referral

Name	
Role	
Address	
Telephone	
Email	
Date	