

**Hampshire and IOW Support for Neurodiverse Families**

If you have any queries or would like to discuss the request for support before completing this form, please emailus at neurodiversefamilies@barnardos.org.uk

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| **Name of Referrer (if for yourself, please enter your name)** |       |
| **Referrer type (choose from options)** | [Options] Self-referral, GP, Primary school, Secondary school, YOT, Early Help Hub, CAMHS Practitioner, CAMHS SPA, Paediatrics, Voluntary Sector, Local Authority CS, PSICON, School Nurses, Health Visitors, Other **(please state)** |
| **Your telephone number** |  |
| **Your email address** |  |

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| **Name of Child** | **Date of Birth** | **Gender** | **Ethnicity** | **School Attended** |
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| **Status of Child:** | [Options] Subject to Early Help, Child in Need, Child Protection, Looked After Child, None | **Does child have an Education and Health Care Plan? (EHCP**) | [Options] Yes, No |

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| **Reason for your request for support (delete what isn’t applicable):** | Confirmed diagnosis of ADHD, Confirmed diagnosis of Autism,Behaviour that challenges, Child to parent violence, Anti-social behaviour,Assessment pathway for ADHD,Assessment pathway for Autism | **Child’s GP Surgery:** |  |

**Please tick any of the following areas which you have observed difficulties for your child and provide us with details, this will help us determine the best programme or signposting to meet your family’s needs:**

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| 1 | **Attention and concentration difficulties** **☐** |
|  | Additional information:  |
| 2 | **Social communication difficulties ☐** |
|  | Additional information: |
| 3 | **Attachment difficulties ☐** |
|  | Additional information: |
| 4 | **Speech and language difficulties ☐** |
|  | Additional information: |
| 5 | **Motor / co-ordination difficulties ☐** |
|  | Additional information: |
| 6 | **Sensory difficulties ☐** |
|  | Additional information: |
| 7 | **Repetitive behaviours or restricted interests ☐** |
|  | Additional information: |
| 8 | **Tics (unintentional fast and repetitive muscle movements that result in sudden** **and difficult to control body jolts or sounds) ☐** |
|  | Additional information: |
| 9 | **Developmental / learning delay ☐** |
|  | Additional information: |
| 10 | **Hyperactivity / impulsivity ☐** |
|  | Additional information: |
| 11 | **Emotional and behaviour regulation ☐** |
|  | Additional information: |

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| **Any further brief details regarding your request (eg: current or previous involvement with CAMHS or other support service)** |       |

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| **Name of primary parent / carer requesting support** | **Gender** | **DOB** | **Ethnicity** | **Chosen Language** | **Any disability? If so, please specify** | **Parent / carer’s GP Surgery** |
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| **Relationship to child:** [Options] Mother, Father, Step-parent, Grandparent, Foster Parent, Legal Guardian, other:      |
| **Parent / carer’s full address with post code:** |
| **Parent / carer’s preferred contact number:** |
| **Parent / carer’s preferred email address:**  |
| **Name of other parent/carer requesting support** | **Gender** | **DOB** | **Ethnicity** | **Chosen language** | **Any disability? If so, please specify** | **Parent / carer’s GP Surgery** |
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| **Relationship to child:** [Options] Mother, Father, Step-parent, Grandparent, Foster Parent, Legal Guardian, other:   |
| **Other parent / carer’s full address (if different to above)** |
| **Other parent / carer’s preferred contact number:** |
| **Other parent / carer’s email address:** |

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| **Names of any other children in family** | **DOB** | **Gender** | **Ethnicity** |
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| **Details of any other professionals currently or previously involved with the family (eg: Social Worker / Paediatrician / Speech therapist etc.** [Please provide name and contact details] |  |  |
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| **Consent to discuss referral with professionals?**  |  [options] Yes or No |

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| **Have parents / carers given permission for this service offer and for a worker to make contact to discuss?** |  [Options] Yes – verbal permission given, Yes – written permission given, No |  |
| **Date permission given:** |  |  |

**Please return via email to:** hiowicb-hsi.neurodiversefamilies@nhs.net

**If unable to return electronically:**

**IOW -** please return to your nearest Family Centre Hub

**Hampshire –** please post to Barnardo’s, Post Office Chambers, St John’s Centre, Upper Northam Road, Hedge End, Hampshire SO30 4QU

**More information available on our website** [Hampshire and IOW Support for Neurodiverse Families | Barnardo's (barnardos.org.uk)](https://www.barnardos.org.uk/what-we-do/services/hampshire-and-iow-support-neurodiverse-families)