

Date received:

Outcome of referral:



Brighton Parent Infant Psychological Therapy
BrightPiP | 18a Clermont Road, Brighton, BN1 6SG

Note: All items marked * are mandatory. We are not able to accept referrals without this information

Details of the child being referred					
First name	*	Surname	*	Date of Birth/ Estimated Due Date	*
Address	*			Sex	Male / Female
				NHS Number	
Postcode	*				
Parent's Tel No.	(Mobile No.) *		(Home No.)		
GP Name	*		Health Visitor or Midwife	*	
Address	*				
			Closest Children's Centre	*	
Tel. No.	*		Child already attending centre? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Fax/E-mail					
Family Composition (parents / carers / siblings / significant others)					
	Name	Relationship	Occupation	Living at home? (Y/N)	Age or DoB
Parents / Carers	*	*		*	
Brothers / Sisters					
Other relatives					
Who has legal parental responsibility?					
Main Language Spoken at home					
Interpreter required and for whom:			Language/dialect required:		
Are the family asylum seekers?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Do they have refugee status? Yes <input type="checkbox"/> No <input type="checkbox"/>	
What Nationality is the family i.e. what country are they from?					
Ethnic Group *					
Asian or Asian British		Black or Black British		White	
Bangladeshi	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	British	<input type="checkbox"/>
Indian	<input type="checkbox"/>	African	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>				<input type="checkbox"/>
Other Ethnic Group		If answered OTHER please specify below:			
Arab	<input type="checkbox"/>				Refused to answer
Chinese	<input type="checkbox"/>				
Other Ethnic Group	<input type="checkbox"/>				
Professional Network*					
Are Adult Mental Health Services involved with the family?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Team Name
Name of Mental Health Keyworker				Tel. No.	

Is a Social Work team involved with the child?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Team Name	
Name of allocated Social Worker				Tel. No.	
Details of other agencies / professionals involved					
Name		Name			
Role		Role			
Agency & Address		Agency & Address			
Contact No.		Contact No.			
Fax/ e-mail		Fax/ e-mail			
Referrer's Details *					
Date of Referral		*Consent obtained from family?		Must be Yes <input type="checkbox"/>	
Name					
Role & Agency					
Address					
Tel. No.		Email/Fax No.			
*Days of work/ Best time to contact					
Reason for Referral (please give a brief description of concerns, including any observations of the parent-child relationship) *					
What would you hope to be the outcome of this referral?*					
Please continue on a separate sheet if necessary					
IF THERE IS ANY CHILD & FAMILY SOCIAL WORK INVOLVEMENT OR CHILD PROTECTION CONCERNS PLEASE GO TO PAGE 3					
THIS PAGE TO BE COMPLETED IF THERE IS CHILD and FAMILY SOCIAL WORK INVOLVEMENT If possible, this section should be completed in discussion with the other professionals involved					

Are there any children living in the household who are currently (or have been) subject to a:

Child in Need Assessment

Yes No

Child Protection Plan

Yes No

Local Authority Care?

Yes No

If Yes, are the relevant CAF/Child Protection/Looked After documents included with this referral?

Yes No

If it is not possible to attach the relevant documentation at present please state who will forward these to PIPS, and the date by which this will be done:

..... /..... /.....
..... /..... /.....

Details of current Child Protection Concerns:

Children's names	Category of Child Protection identified	Resolved or Ongoing Concerns? (Please state date if resolved)

Please outline any information about **Ongoing Child Protection issues** that have not been resolved:

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Please list the dates of the next core group meeting and case conference review as this will enable a member of the PIPS team to attend

..... /..... /..... /..... /.....
..... /..... /..... /..... /.....

Have any other services been requested to work with the family, due to the Child Protection concerns?

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Local Authority Care Details:

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