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| Specialist Practitioner Marginalised CommunitiesREFERRAL FORM |
| EMAIL FORM TO thgpcg.marginalisedcommunities@nhs.net |
| Referral criteria for specialist support: |
| - Must be a resident in Waltham Forest □ |
| - Young adult up to the age of 19 □ |
| - Adults above the age of 19 must have dependents □ |
| - Willing to engage with services □ |
| **REASON FOR REFERRAL:**- Refugee □ - Exploitation □- Substance Abuse □ - Domestic Violence □- Displaced Person □ - Travelling Community □- Unaccompanied Minor □ - No recourse to public funds □ |
| Child’s first name: Parent/ Guardians first name: |
| Surname: Surname:  |
| Phone number: Phone number: |  |
| Date of Birth: Email: |
| NHS number: NHS number:  |
| Address: Address:  |
| Ethnicity: Ethnicity: |
| **CLIENT CONSENT FOR REFERAL:** YES □ NO □ **DOES THE CLIENT REQUIRE AN INTERPRETER:** NO □ YES □: LANGUAGE: |
| School: CHILD PROTECTION:  CHILD IN NEED:  LOOKED AFTER CHILD: □  |
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| Current concerns / Vulnerabilities: |
| What support has been given so far:  |
| Details of professionals already working with family:

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| Additional information for referral: |
| Patient’s general health/ development:   |

NAME OF PROFESSIONAL MAKING THE REFERRAL:ROLE:ADDRESS:SIGNATURE: DATE:CONTACT NUMBER:EMAIL: |