

Next of Kin Details

Name:

Relationship to young person:

Address:

Phone:

Can we contact next of kin?

Yes

No, unless in emergency

If young person is not contactable

Presenting Problem

What is the main concern for this young person?

Please include comment on symptoms, current functioning, mental and physical health concerns, school attendance refusal, family issues, drug/alcohol and vocational issues.

Is the young person at risk of harming themselves or others?

Detail: (Aggressive behaviour, Suicide/self harm, Plan, Access to Means, History of Attempts, Lethality, NSSI)

Has the young person ever received prior mental health care or are they currently receiving treatment?

(by whom/dates/medications/ please include any hospital admissions):

If there is a discharge summary or other relevant documentation, please attach more information and detail as necessary.

We will review this referral at our intake meeting and will respond regarding the outcome of referral as soon as we can.

Office Use Only

Intake Clinician:

Assessment Date:

Referral Method:

MasterCare Team:

Young person entered into HAPI?