South Eastern Health and Social Care Trust

PiP

Believe in children Barnardo's Northern Ireland

Confidential
Please complete as much of this family information as possible
We do not accept referrals unless signed by the parent

For Office use:

Date Rec'd		Date Logged		Case Number	

Baby's Details			
First Name		Surname	
DoB/Due date		Gender	
Ethnicity			
Address			
Email			
Post Code		Home Tel	
Does your child have any medical conditions or disabilities? If yes please give details.			

Who lives at this address?			
Name, Relationship to child and Mobile no. (of parents/carers)	M/F	DOB/DD	Ethnicity

Significant family members who live elsewhere (include mum's and dad's details if not listed above)			
Name, Relationship to child, Address and Mobile number	M/F	DOB/DD	Ethnicity

Referrer details			
Name		Job title	
Organisation		Tel. no.	
Address			
Email			

Reason for referral – concerns and what people would like to be different

Contact with any other agencies (Please list and include telephone numbers, thank you)			
Agency	**Code**	**Name of contact**	**Contact Number**
Adult Mental Health	**AMH**		
Health Visitor	**HV**		
Looked after Children	**LAC**		
Midwife	**MW**		
Other	**OTH**		
Social Services	**SS**		
Voluntary Agencies	**VA**		

GP details – required

GP's name	
GP practice/address	
GP phone number	

DECLARATION (to be signed by parent please)

- I agree to this referral to ABC PiP.
- A file will be opened in my child's name (and kept securely under the Data Protection Act 1988).
- My GP will be sent a brief summary of plans and contact.
- Information will be shared with other professionals as necessary after discussion with you.
- ABC PiP will talk with you about what is most useful for you; options include use of video, family meetings and groups.

Parent's Name:	Date
Signature	
Referrers signature	

Please return this completed form to:
ABC PiP, (former St Mary's Primary School), Moss Road, Ballygowan, BT23 6JE
E-mail: ABCPiP@setrust.hscni.net Tel: 02895 988056

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