**Enhancing Families Team Referral Form**

**Each Client must be a first-time mum-to-be, or be pregnant with any other pre-school children 4 years or under, and meet the following criteria:**

|  |  |
| --- | --- |
| Teenage parents 18 years and under |  |
| Client with additional educational/social communication needs including ASD |  |
| Current Drugs and/or Alcohol Misuse |  |
| Current concerns of Domestic Abuse |  |
| Looked after child or Care Leaver |  |
| Family having a pre-birth assessment, involved in CPP and pre-proceedings |  |
| Family who has lost a child/had child removed |  |
| Refugees |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Forenames | | Client Surname | DOB | NHS Number |
|  | |  |  |  |
| Partner / Baby’s Father Forename(s) | | Partners Surname | DOB |  |
|  | |  |  |  |
| Clients Ethnicity |  | Partner’s Ethnicity |  | |
|  |  |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address | | | |  | | | | | | | | | | | | | | | | | |
| Phone Numbers | | | |  | | | | | | | | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | LMP | | | EDD | | |  | | Gestation | | | |  | | | |
| EHAT |  | | | LAC | | |  | | | | Pre Birth | |  | | | |  | |  | | |
| Client consent to text | | | | | | Yes | | | No | | Consent to leave a message | | | | | | | Yes | | | No |
| Midwife | |  | | | | | | | | | | | | GP |  | | | | | | |
| Additional information | | | | | | | | | | | | | | | | | | | | | |
| Referral by | | |  | | | | | | | | | | | | | | | | | | |
| Contact Number | | | | |  | | | | | | | | | | | | | | | | |
| Position Held | | |  | | | | | | | | | | | | | | | | | | |
| Please email completed form to | | | | | | | | [wchc.enhancingfamiliesteam@nhs.net](mailto:wchc.enhancingfamiliesteam@nhs.net) | | | | | | | | | | | | | |