Moray SONAS Wellbeing Service Referral form

Please complete with as much detail as possible for **each** child/young person being referred.

If in doubt, please contact the service prior to completing the referral so we can ensure we are getting the best information to make an informed decision regarding criteria to assess and meet needs. This is essential as service demand is exceptionally high and we are currently operating a waiting list.

Child or Young Person's Details				
First Name:				
Surname:				
Date of birth:				
Gender:	☐	Male	☐	Female
	☐	Non-binary	☐	Rather not say

Address:		
	Postcode:	
Phone:		
Email:		

Ethnicity:	
Legal Status:	
☐	On child protection register
☐	Looked after child
☐	No statutory order in place
Other (please specify)	

Additional Support Needs:		☐	
☐	None	☐	Multiple
☐	Hearing Impairment	Other (please specify)	
☐	Learning difficulty		
☐	Physical		
☐	Visually impaired		

Name of main carer(s):		**Relationship to child:**	

Reason for Referral

Outcomes

Family details and household member					
Name:	Age:	Date of Birth:	Gender:	Relationship:	Phone:

What is the first language of the family?		Will an interpreter be needed?	

Key contacts (e.g. school, social worker, GP, other professionals) Must also include the name of any other services supporting the child/young person at the time of referral			
Name:	Role:	Place of work:	Phone:
Please note that SONAS will not contact any name person listed above without consent			

Referrer's details:	
Name:	
Position:	
Place of work:	
Phone:	
Email:	
Date of referral:	

Consents:	
Has the child/young person agreed to the referral?	
Has the child/young person agreed to information being shared?	
Has the parent/carers agreed to the referral?	
Has the parent/carers agreed to information being shared?	