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**‘CHHAT’**

**(Community Hidden Harm Awareness Team)**

**Referral/Screening Form**

**Referrer details: **

|  |  |
| --- | --- |
| **Name: (Title, first and last name)** |  |
| **Job title:** |  |
| **Route of referral:** **(Social Services, self, parent, GP etc)** |  |
| **Date of Referral:** |  |
| **Address:** |  |
| **Contact phone number/s:** |  |
| **Referrer Email Address:** |  |
| **How did you hear about this service?** |  |

**Client details:**

|  |  |
| --- | --- |
| **Name: (Title, first and last name)** |  |
| **Date of birth:** |  |
| **Age:** |  |
| **Gender:** |  |
| **Ethnicity:** |  |
| **Religion:** |  |
| **Address including postcode:** |  |
| **Temporary address: (If applicable)** |  |
| **Contact phone number/s:** |  |
| **Is the client aware of this referral?** |  |
| **Parent/Guardian aware of referral?** |  |
| **Do we have consent to contact them?** **Yes or No:**  | **Write:** | **Phone:** | **Text:** | **Leave message:** |
|  |  |  |  |
| **Reason for referral/other comments:** |
| **Current concerns:-****Caring responsibilities (emotional/physical):-** **Other professionals involved:-** |

|  |  |
| --- | --- |
| **Contact Number** | 01245 493311 |
| **Please fax forms to:** | 01245 491400  |
| **Please email:** | chhatreferrals@childrenssociety.org.uk |
| **Please Post:** | 114 Springfield Road, Chelmsford, Essex CM2 6LF |