**Logo, company name

Description automatically generated**

**‘CHHAT’**

**(Community Hidden Harm Awareness Team)**

**Referral/Screening Form**

**Referrer details: CYPNow finalist logo**

|  |  |
| --- | --- |
| **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](mailto:chhatreferrals@childrenssociety.org.uk) |
| **Please Post:** | 114 Springfield Road, Chelmsford, Essex CM2 6LF |