

4. Reason for Referral	
<p>What was the date and time of presentation? If NO, please give details of where the child was at the time of referral and who they were with:</p>	<p>Was the child/young person present? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Why are you worried about this child/these children?</p>	
<p>What has happened? What are these concerns based on? Why is Children's Services involvement needed now?</p>	
<p>What are the known views of parents/child?</p>	
5 . Previous involvement	
<p>Has a Common Assessment Framework (CAF) been completed? <input type="checkbox"/> No <input type="checkbox"/> Yes , please attach</p> <p>If No, please say why not: SELDOC is an urgent care service provider seeing patients who are acutely unwell when their GP surgery is closed.</p>	
<p>What services have already been offered by your agency and/or other agencies and what were the outcomes?</p>	
<p>Are you aware of any previous social work involvement with this family? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please give details, including approximate dates:</p>	
6. Consent (Please note that parents/carers have to consent to this referral unless obtaining this consent will place the child at further risk of harm)	
<p>Have parents/carer(s) given consent for this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Has the child given consent for this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

If consent has not been obtained, please give reason.

7 . Are there any issues we should be aware of when contacting parents/carers?

If further information is required, please contact Clinical Governance Team or Medical Director for further information

Don't forget to include details of registered GP and ,where applicable, name of School attended by the child

Social Care Contacts Out of Hours

Contact the Social Services Team for the Borough in which the child resides

<u>Lewisham Social Services:</u>	0208 314 6000
<u>Lambeth Social Services</u>	020 7926 1000
<u>Southwark Social Services</u>	0207 525 5000
<u>Sutton Social Services</u>	0148 351 7898

Social Services: Surrounding boroughs, Contacts Out of Hours

<u>Bromley Social Services</u>	030 0303 8671
<u>Greenwich Social Services</u>	020 8854 8888
<u>Croydon Social Services</u>	0208 726 6400
<u>Merton Social Services</u>	020 8770 5000
<u>Wandsworth Social Services</u>	020 8871 6000.
<u>Kingston Social Services</u>	020 8770 5000
<u>Surrey County Council</u>	01483 517898

(For Epsom & Ewell, Reigate & Banstead and all of Surrey)

Contact Duty Paediatrician only if urgent medical attention is required, all medical assessments will be arranged by social services

Contact Police – 999, if risk of violence