

Entered on Care Notes _____ Y/N

Record of Advice/Consultation

Consent to Consultation - Young Person Y/ N
- Parent Y/ N

If details withheld why?.....

.....

Young Person's Name:

D.O.B _____ M / F

Ethnicity:

Address:

Tel no:

College:

GP:

Is young person known to the Service? Y/ N

Person requesting consultation:

Designation:

Telephone (please tick)

In Person

Address:

Tel no:

Date & Time

Person(s) with parental responsibility:

Other family members:

Child Protection Register? _____ Y/ N

Reasons for consultation / information received

Who is / has been involved:

Advice Given and Action Plan

To be referred to Tier 2 / 3 Yes No Not at this stage

Signature: Date:.....

Print Name:

Duration of consultation:

Copy to central file?