

Mother & Baby Self Referral Form



This project is funded by St Denys Charitable Trust

Date of referral:

Your full name:

Contact number:

Referral	
Your name: Like to be known as:	DOB: Age:
Your baby's name: Gender:	DOB/Due date:
Current address: Mobile phone number: Email address:	
National Insurance Number: <i>(If you do not know your NI number, please tell us why)</i>	
First Language:	Ethnic Origin:
Religion:	
Biological Father's Name: Address:	DOB:

My Profile

Please think about what you are good at and anything you think we can help with.

What people like and admire about me:

What is important for me:

What is important to me:

How I spend my time and what I am interested in:

How best to support me:

What is going well:

What people are worried about:

Child's profile

What is important to your baby:

Any special needs:

How best to support me:

What is going well:

Do you have a CAF/CIN/
ChildProtection plan supporting
your baby?:

Yes: No:

**If yes, please provide details
and name of allocated social
worker or lead professional:**

Risk to others

Are you currently on:

Remand: Bail: Curfew: Tag: Community or Referral Order:

If yes please provide details:

Do you have any outstanding court appearances to attend?

Yes: No:

If yes please provide details:

Have you ever been convicted of an offence?

Yes: No:

If yes please provide details:

Do you have any known history of arson or fire setting:

Yes: No:

If yes please give details of events and dates:

Do you have a history of violence, hostility, irritability or agitation:

No significant risk: Current risk: Past history:

If there is a current or past risk, please provide details:

Have you experienced any of the following?

A mental health problem and/or postnatal/
antenatal depression:

Yes: No:

Financial abuse:

Yes: No:

A physical disability:

Yes: No:

Self harm:

Yes: No:

ADHD, ASD or tourettes' syndrome:

Yes: No:

Suicide attempts:

Yes: No:

Sexual abuse:

Yes: No:

Drugs misuse:

Yes: No:

Physical abuse:

Yes: No:

Alcohol misuse:

Yes: No:

Emotional abuse:

Yes: No:

A smoker:

Yes: No:

If the answer to any of the above is yes, please provide details and state what support, if any is in place to help:

Education, Training & Employment

Are you in education, training or employment:

Yes: No:

Please provide details:

Do you need any help with reading or writing?

Yes: No:

Do you need help with job seeking skills and applying for jobs?

Yes: No:

Health

Existing health concerns or conditions:

How many times have you visited A&E in the past year? (For you or your child)

Regular medication and dose (please give details):

Known allergies (please give details):

Any specific communication needs (provide details):

Are you aware of health issues around safe sex and contraception:

Yes: No:

Are you aware of health issues relating to the use of drugs/alcohol/tobacco?

Yes: No:

Do you lead a healthy lifestyle, i.e. exercise and diet?

Yes: No:

Do you have a known disability?

Yes: No:

If yes please provide details:

Benefits

Are you in receipt of any of the following benefits:

Universal Credit: Income Support: Child Benefit: Disability Living Allowance:

Personal Allowance: Child Maintenance:

Please state otherwise:

Family and Social Relationships

Do you have contact with your family Yes: No:

Does the biological father have contact with your child?
If yes, is this independently or through a contact centre? Yes: No:

Do you have a network of support from family, friends and carers? Yes: No:

Are you willing to engage with support? Yes: No:

Please provide any other details you feel the provider will need to know in reference to this area:

Independent Living Skills & Self Care

Are you able to budget?

Very able: Moderately able: Not able: Unknown:

Do you have a bank account?

Yes: No:

Are you capable of shopping for food and clothing?

Very able: Moderately able: Not able: Unknown:

Are you able to prepare and cook meals?

Very able: Moderately able: Not able: Unknown:

Are you able to do your/their own laundry?

Very able: Moderately able: Not able: Unknown:

Do you have the ability to manage personal hygiene?

Very able: Moderately able: Not able: Unknown:

Are you able to undertake basic household tasks?

Very able: Moderately able: Not able: Unknown:

Do you have the ability to use public transport?

Very able: Moderately able: Not able: Unknown:

Have you tried living independently before?

Yes: No:

If yes, please provide further details: