**Paediatric Psychology and Liaison Service (PPALS) Referral Form**

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| **Name of Child/Young Person:**  **CHI:**  **Next of Kin:**  **Address:**  **Telephone Number(s):** | |
| **Medical Diagnosis:**  **Date of diagnosis:**  **Inpatient / Outpatient:**  **Who is the referral to support:**  Child or YP / Parent(s) or Carer(s) / Both  **Will the C/YP be followed up by a RHCYP Consultant:** Yes / No  **Have they been referred to PPALS before**: Yes / No / Don’t Know | |
| **Description of presenting difficulties (e.g. anxiety, low mood, adherence to treatment issues, duration of difficulties):** | |
| **Impact on functioning (e.g. school attendance, social activities, relationships):** | |
| **Were the difficulties present prior to diagnosis?** | |
| **Any developmental concerns (e.g. ASD/ADHD/Intellectual Disability)?** | |
| **Any additional psychosocial concerns (e.g. family functioning, parental mental health, school difficulties):** | |
| **What are your goals (as referrer) for psychological input?**  **How motivated is the Child or YP / Parent(s) to work on these goals?**  Not motivated / Somewhat motivated / Very motivated | |
| **If the Child/YP is presenting with Persistent Physical Symptoms (functional health difficulties, such as FND), has the family been given and accepted this diagnosis?** | |
| **What support (if any) is already in place?**  Open to Social Work :  School counselling:  Previous input from Play Specialist  Open/referred to CAMHS:  Other (e.g. SMS Connect, Youth Navigators): | |
| **Has the referral been discussed with the:**  Child or YP / Parent(s) or Carer(s) /Both  **Date of Referral:** Click to enter a date.  **Referral copied to GP practice:** Yes / No | **RHCYP Consultant:**  **Name of Referrer:**  **Other contact to discuss referral with (if any):** |

**Please email this form to** [**Loth.ppalsreferrals@nhs.scot**](mailto:Loth.ppalsreferrals@nhs.scot)

**Please feel free to contact us on 0131 312 0528 and we would be happy to discuss the referral with you. Please attach a recent clinic letter with more information if you feel this would also be helpful.**