

PARENT CONCERN FORM

Child's name: _____

Child's date of birth: _____

GP/Health carer that has been dealing with your concern: _____

Contact numbers: _____

Name of preschool/school/college: _____

Your relationship to child: _____

Who has parental responsibility? _____

Who else is living in the child's home and what are their relationship to the child: _____

Details of any separated parent? _____

What are the specific difficulties that you wish to address?

How long has this been a problem and why are you seeking help now?

Is the problem situation-specific or more generalised?

What is your understanding of the problem/issues involved?

Do you believe drugs or alcohol to be a problem with your child?

What are the child/young person's and parent/carer's view of the referral?

What are your anticipated outcomes?

What are the child/young person's and parent/carer's anticipated outcomes?

What risks are there to the young person, their family or others if this problem is not addressed?

Has there been any previous contact with a local mental health service for your child? Locally or elsewhere?
If so what was the outcome of that?

Has there been any previous contact with social services?

People or groups supporting your child at present...eg good friend/supportive grandparent/helpful school/

Any family history of mental health problems

Any relevant history i.e. family, life events and/or developmental factors

Anything else you think we should know about?

Thank you for your time

Please return this form to the Crown Medical Centre Reception Desk clearly stating your child's name, date of birth and which doctor is dealing with your concern