

WATERSIDE PARENTS' CENTRE REFERRAL FORM



PLEASE NOTE THAT WE ARE UNABLE TO ACCEPT REFERRALS UNDER THE FOLLOWING CIRCUMSTANCES:

- IF A PARENT HAS A PERSONALITY DISORDER
- IF A CHILD HAS A CHILD PROTECTION PLAN IN PLACE
- IF A CHILD HAS BEEN ON A CHILD PROTECTION PLAN IN THE LAST 2 YEARS
- IF A PARENT HAS ANY ADDICTION

PLEASE COMPLETE ALL SECTIONS

INCOMPLETE FORMS WILL BE RETURNED TO THE REFERRER FOR COMPLETION

REFERRER DETAILS

DATE OF REFERRAL:	
REFERRER'S NAME:	
E-MAIL ADDRESS:	
TEL. NO:	
RELATIONSHIP TO CLIENT (e.g. H.V.):	
HAVE THE FAMILY GIVEN CONSENT FOR THIS REFERRAL TO BE MADE? YES / NO (delete as appropriate) NOTE: THIS RECORD WILL BE MADE AVAILABLE TO THE FAMILY CONCERNED	

FAMILY DETAILS

MOTHER'S NAME:			
D.O.B:			
ADDRESS: Including postcode:			
FATHER'S NAME:			
D.O.B:			
ADDRESS: (if different to mother):			
TELEPHONE NUMBER: (for parent being referred)			
E-MAIL ADDRESS: (for parent being referred)			
ETHNIC ORIGIN:			
1 ST LANGUAGE		RELIGION:	
KNOWLEDGE OF ENGLISH	Spoken (delete as appropriate)	None / Poor / Good / Excellent	
	Written (delete as appropriate)	None / Poor / Good / Excellent	

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FAMILY GP NAME & ADDRESS			
Please confirm, to your knowledge, that the parent does not have a Personality Disorder diagnosis: CONFIRMED NO PD DIAGNOSIS / PD STATUS UNKNOWN (delete as appropriate)			
GAD-7 Anxiety Score (max score: 21)		PHQ-9 Depression Score (max score: 27)	

CHILDREN'S DETAILS		
Name (for children aged 5 and below)	Gender (Male / Female)	Date of Birth

Please use this space to add details of children over 5 years (if relevant):

REASON FOR REFERRAL (TICK ALL THAT APPLY)			
Mild Depression / PND	☐	Anxiety	☐
Isolation	☐	Socialisation Parent	☐
Socialisation Child	☐	Relationship Problems	☐
Behavioural Problems	☐	Parenting Advice	☐
Other (please provide detail)			

Has this family been referred to Waterside previously? YES / NO (delete as appropriate)
 If yes please provide approximate date, full name on the previous referral and reason for referral

Do you know if they accessed Waterside services offered to them?
 YES / NO / DON'T KNOW (delete as appropriate)

WATERSIDE PARENTS' CENTRE REFERRAL FORM



Has this family had an Early Help Notification? YES / NO (delete as appropriate)

If yes:

- **Who raised the Early Help Notification:**
- **When was it raised:**
- **Is it still active: YES / NO** (delete as appropriate)

Has a Social Worker been allocated to a parent or child? YES / NO (delete as appropriate)

If yes please provide the reason and name of Social Worker:

Does any child in this family currently have an active Child Protection Plan?

YES / NO (delete as appropriate)

If yes please provide the name of the child / children and all concerns about the child / children:

Please note that if we are made aware of any previously undisclosed child protection concerns Waterside has a legal obligation to make a referral to Children's Services

Are there any other agencies involved with this family? YES / NO (delete as appropriate)

If yes please provide details:

HOME VISITS

Are there any dogs in the house?

If yes, please advise breed(s):

YES / NO

(delete as appropriate)

Are there any other dangerous animals / reptiles / mammals in the house?

If yes, please provide details:

YES / NO (

delete as appropriate)

Are there any safety concerns regarding this family e.g. criminal history, domestic violence?

If yes, please provide details:

YES / NO

(delete as appropriate)

WATERSIDE PARENTS' CENTRE REFERRAL FORM



WATERSIDE SERVICES (TICK ALL SERVICES YOU FEEL WILL BE BENEFICIAL)			
Baby Steps Group (for parents with babies up to 12 months)	☐	Structured Family Session (for parents with children aged 1 and over)	☐
Stepping Stones Group (for parents suffering mild symptoms associated with PND)	☐	Emotional Wellbeing Support (Bach Flower Remedies * / EWB peer support group)	☐
Parenting Programme	☐	Child Development Courses	☐
Wellbeing Courses	☐	Counselling * (now provided by student counsellor on placement)	☐
*Please note that parents are eligible for 1-2-1 therapies after attending one of our other services for more than 3 months. There is a waiting list for Bach and counselling support.			

PLEASE PROVIDE RELEVANT INFORMATION ABOUT THE FAMILY TO SUPPORT THIS REFERRAL AND ANY OTHER COMMENTS FOR US TO BE AWARE OF:

Please provide as much information as possible: continue on a separate page if needed

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Thank you for completing this referral form.

Please return via email to: office@watersideparentscentre.org.uk

NEXT STEPS

***We aim to contact the family within one month of receiving this referral to discuss our services.
A place will be offered if eligible and an update provided to you.
The referral will be returned to you if deemed not suitable for Waterside Services.***

REVIEW PROCESS

After 3 months the family circumstances will be reviewed to understand whether the services being provided are meeting their needs. If Waterside is not the right service for the family, we will work with other agencies to refer the family appropriately to a different service provider(s)

OUR CONTACT DETAILS

WATERSIDE PARENTS' CENTRE

Postal Address: St George's House, Church Street, Gravesend, DA11 0DJ

E-mail: office@watersideparentscentre.org.uk

Telephone: 01474 332800

Web Address: www.watersideparentscentre.org.uk