

Behavioural problems in children

Dear Parents/Guardians,

It would help us greatly if you were able to list down all the behavioural issues on this form and bring it with you to the next consultation. When considering making referrals to the Child Adolescent Mental Health team, it will help us to give as much information as possible. Often during the short time you are in with us during a consultation, it is difficult to recall all the issues that you may be facing with your child. By filling this in, we will be able to get a fuller picture of the problem.

Many thanks.

Yours sincerely

The doctors at The Aspen Medical Practice

Name of child Full Name

DOB Date of Birth

Please describe the behavioural problems. How long has it been going on for? Please be as descriptive as possible and give examples. Does this happen at home, in school or both? Is there a pattern? Which situations are typical for triggering your child's behaviour?

What is your child's eating and sleeping habits like?

Who lives at home? What is your child's relationship like with other family/household members?

Have there been any major event or problems occurring in your child's life? For example, parental divorce, domestic violence, bereavements, bullying at school

What is your child like at school? Have the teachers expressed concerns? Is your child disruptive in class and in what way? How is your child performing in school? Are there educational issues or problems?

How have the behavioural problems affected the family?

What is your main concern? Are you worried that your child may have a particular problem like ADHD or Autism?

Any other comments

Community Paediatrics often require supporting documents when making a referral

Check list prior to referral to Community Paediatrics

Items needed (if appropriate)	
School report	
SENCO report	
My Plan/My Plan plus	
Report from Advisory Teaching Service	
Report from educational psychology	
SALT assessment (if appropriate)	
Hearing test result	
Summary of any involvement with mental health services (CYPS/TIC)	
Parenting support evidence (e.g. parenting course)	
OT assessment (if appropriate)	
Early help team/ Families First involvement	
CAST questionnaire if suspected ASD	

If your child is in school and his/her teachers have expressed concerns, please give them a copy of the letter on the next page so they can assist you in compiling the required documents.

Children and Young People's Services team will generally not see referrals until one or both parents have completed the Incredible Years Parenting programme – please refer to our website for this information



Aspen Medical Practice

Dear School,

The parent of Full Name has consulted me today with concerns about Full Name's behaviour. Before any of the specialist services will accept a referral they require we provide them with a comprehensive set of reports which are mainly educational in nature.

I would be grateful, therefore, if you would kindly provide copies of :-

1. Report from Full Name's teacher (day to day functioning in class/observations)
2. SENCO report (learning abilities and attainment and details of strategies tried and results)
3. Evidence of My Plan or My Plan +
4. A report from the Advisory Teaching Service
5. A Report from an educational psychologist
6. If any involvement has taken place from the primary mental health team within the school setting.

It is unlikely that a referral will be accepted without the above information.

I am grateful for your assistance and please don't hesitate to contact me if you wish to discuss this further.

Many thanks.

Yours sincerely