

Referral Information

Reason for referral:

AXEL HAS BEEN COMPLAINING FOR EXCESSIVE SALIVA FOR SEVERAL MONTHS NOW. HE SAYS THAT THE MORE HE THINKS ABOUT IT (SALIVA) THE MORE HE PRODUCES AND THIS LEADS TO DROP IN CONCENTRATIONS AND WRITING. IT HAPPENS IN A GROUP SETTING, USUALLY IN ~~SEHO~~ THE CLASSROOM. BEFORE THIS, IT WAS THE WATERLY EYES PROBLEM. HE THINKS IT IS ANXIETY RELATED AND NEEDS YOUR HELP. AS HIS PARENTS WE FEEL HE NEEDS HELP. AXEL'S BROTHER IS DPA

Other family members:

DION RUDAKURANA HAS DPA
 AND DPA (PHYSICAL DISABILITY (HE IS A WHEELCHAIR USER)).

Other agencies involved (including any alcohol/drug service/mental health support, if any):

NONE

Brief medical history:

NOTHING UNUSUAL

Is there any other relevant information you would like to add (eg. self harm, other worrying behaviour, etc):

AXEL DOES HIS WORK FAST THAT IT MISSES DETAILS (IN SCHOOL)

For Parenting 2000 Use Only

Source of referral: *GP Referral [] GP recommendation [] Mersey Care NHS Trust [] Lancashire Care NHS Trust [] Cheshire & Wirral Partnership Trust (IAOT) [] Sefton MBC [] *Other Council [] Sefton Emotional Achievement Service (SEAS) [] Health Visitors [] *Hospital [] Living Well Sefton [] *Other Health Professionals [] Self/Carer/Parent [] School [] Children's Centre [] *Other Voluntary Counselling Service [] Other VCF Organisation [] Social Workers []
 *Please specify name:

Date of first session: 30.5.19	Date of last session: 24.06.20	Date withdrawn (or n/a):
Counsellor: C. Aldesley	No. sessions attended: 7x	No. DNA sessions: 3
No. cancelled sessions:	Notes: Commission 16 x SAS.	
Commission became SAS.		

SAS

Commissioning Assessment

556

Therapeutic Services Referral Form

Parenting 2000

Please complete as much information as you can on both pages, then return to us:

@ By email (secure inbox):
referrals@parenting2000.org.uk
 If protecting this referral with a password, please send the password through in a separate email.

✉ By post:
 Therapeutic Services, Parenting 2000, The Lodge,
 Mornington Road, Southport, PR9 0TS

☎ Or, call us to make a referral over the phone:
DPA

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Date received:	08.05.19
Received/processed by:	R. Angilton
Type: NHS <input checked="" type="checkbox"/> Commissioned <input type="checkbox"/> FIP <input type="checkbox"/>	Please also complete source of referral on page 2.
Region: North Sefton <input checked="" type="checkbox"/> South Sefton <input type="checkbox"/>	
Initial Notes:	Transferred from commission to NHS SAS.
Reference number:	DPA

Referrer Details Note to P2K staff: Please ensure source of referral section on page 2 is completed

Name of referrer:	Mr ALPHONSE RUDAKUBANA	Date & time of referral:	07/05/19
Organisation (write "self" if self-referral):	FATHER / SELF		
If self-referral, where did you hear about our services?:	FROM CAHS		
Telephone number:	DPA	Email address:	DPA

Client's Details

First name:	AXEL	Last name:	RUDAKUBANA				
Address:	10 OLD SCHOOL CLOSE BANKS, SOUTHPORT PR9 8SB						
Postcode:	PR9 8SB	Gender:	M	DOB:	07/08/2006	Ethnicity:	BLACK BRITISH
Telephone number:	DPA	Email address:	DPA				

Parent's Details Please complete this section if client is UNDER 16 years old

First name:	Mr ALPHONSE RUDAKUBANA	Last name:	RUDAKUBANA
Address (if different from client):	SAME		
Postcode (if different from client):		Relationship to client:	
Telephone number:		Email address:	