

# External Consultation Referral Form

This is an information gathering form - a full consultation process will take a minimum of 15 hours to complete.

Please complete the details below and then return to: [care@lifechance.org.uk](mailto:care@lifechance.org.uk)  
A member of the team will contact you to discuss next steps within 5 working days.

Life Chance Group comply with Data Protection regulations – for details about how we look after your personal information, you can view the privacy notice on our website.

Your full name:			
Relationship to child:			
Address:			
Postcode:		Email:	
Phone:		Mobile:	
How would you prefer to be contacted?		Any days / times preferable?	

Young Person's Full Name:	
Date of Birth:	
Gender identity:	

Name and contact details of GP:

Current Educational Setting:			
Name:			
Address:			
Dates attended (from – to):		Attendance pattern:	

Health Conditions: (please give as much information as possible)

Any professional diagnoses? Please give details and dates if possible.

Nature and duration of current difficulties:

--

Significant People in the Young Person's life: (may include family, friends, school or support staff etc.)