|  |
| --- |
| **Continuing Care Transition Early Notification Form** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **YOUNG PERSON DETAILS** | | | | | | | |
| **First name** |  | | | **Surname** | |  | |
| **Date of Birth** |  | | | **Age** | |  | |
| **Gender** |  | | | **Ethnicity** | |  | |
| **Disability/Diagnosis** |  | | | | | | |
| **NHS number** |  | | | | | | |
| **Care Track Number** |  | | | | | | |
| **Originating GP\*\* name/address** |  | | | | | | |
| **Current GP Name/address** |  | | | | | | |
| **School** |  | | | | | | |
| **EHCP** | **Yes** |  | **No** | |  | **Review Date** |  |
| **Looked After Child** | **Yes** |  | **No** | |  | **Date LAC** |  |
| **Continuing Care** | **Yes** |  | **No** | |  | **Don’t know** |  |
| **Section 117** | **Yes** |  | **No** | |  | **Date Section 3** |  |
| **DOL’s** | **Yes** |  | **No** | |  | **In Process** |  |
| *\*\*GP at the point of becoming looked after* | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CURRENT PACKAGE** | | | | |
| **Start date** | |  | | |
| **Provider** | |  | | |
| **Carer/Nurse** | |  | | |
| **Weekly Package** | | | | |
|  | **Night hours** | | **Day hours** | **Total Cost** |
| **Social Care** | |  |  |  |
| **Health** | |  |  |  |
| **Education** | |  |  |  |
| **Total** | |  |  |  |
| **Further Information** | | | | |
| **­­** | | | | |
| **YOUNG PERSON HISTORY (Attach/Embed any relevant documents)** | | | | |
|  | | | | |

|  |  |  |
| --- | --- | --- |
| **FURTHER INFORMATION** | | |
| **Social Care** | | |
| **Social Care Team** |  | |
| **Social Worker** |  | |
| **Health** | | |
| **CAMHS Professional** |  | |
| **Continuing Care Nurse** |  | |
| **Other health professional** |  | |
| **Education** | | |
| **Education contact (if known)** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EARLY NOTIFICATION** | | | | |
| **Date Sent** |  | **Sender name** | |  |
| **Date received** |  | **Receiver Name** | |  |
| **OUTCOME** | | | | |
| **Unlikely to meet CHC** | **Likely to meet CHC** | | **Don’t know** | |
|  |  | |  | |