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

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| **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* |

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

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