

## Parental Request for Services

***PRIVATE AND CONFIDENTIAL***

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_

Name of Person Referred: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Diagnosis: \_\_\_\_\_

Medication type: \_\_\_\_\_

Please give details of other members of your family:

Name	School/Employment	Date of Birth

Reason for referral: \_\_\_\_\_

Family History: \_\_\_\_\_

Have there been any major events which have occurred within the family? \_\_\_\_\_

Please detail input from other Professionals/Agencies to avoid duplication of services:

Please give us more information about your child with a diagnosis of AD/HD: \_\_\_\_\_

Has this referral been discussed with the young person? YES / NO

What is the young person's view of referral? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve through this referral to the NI-ADD Support Centre?  
\_\_\_\_\_  
\_\_\_\_\_

Please specify the area of services you require by ticking the appropriate boxes below.  
(Please note: a maximum of only 2 boxes should be ticked):

<b>NI-ADD's Parenting Programme:</b> <i>Please indicate preference of either morning or evening programme:</i> 10.30am-12.30pm <input type="checkbox"/> 6.30pm-8.30pm <input type="checkbox"/>	<b>Group Work</b> 7-9 Years <input type="checkbox"/> 10-12 Years <input type="checkbox"/> 13-15 Years <input type="checkbox"/> 16+ <input type="checkbox"/>	<b>Individual Counselling</b> <i>(For Adults and Adolescents)</i> <input type="checkbox"/> <b>Art Therapy</b> <input type="checkbox"/> <b>Sibling Group</b> <input type="checkbox"/>
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Name of Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_

Young Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward this form to the following address:**

NI-ADD Children's Charity  
71 Eglantine Avenue  
Belfast BT9 3EW.

If you require any further information please feel free to contact NI-ADD on **028 90 200110**

Please note that NI-ADD hold client information on a confidential database in accordance with the 1998 Data Protection Act.

Please complete all aspects of this form as incomplete applications may be rejected.