

Referral to Parenting Group for Camden and Islington parents and carers of children with ADHD (aged 5-12)

Last revised: May 2021

Name of professional who diagnosed ADHD: (or please state if they are on the waiting list)

Please give details of parent(s) or carer(s) who would like to attend the Brandon Centre's Parenting Group.

Parent's / Carer's Details (1)			
First Name		Surname	
Relationship to the child			
Telephone number(s)			
Email			
Address			
Would you consider yourself to have any disabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent's / Carer's Details (2)			
First Name		Surname	
Relationship to the child			
Telephone number(s) <i>(if different from above)</i>			
Email <i>(if different from above)</i>			
Address <i>(if different from above)</i>			
Would you consider yourself to have any disabilities: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Service	Camden <input type="checkbox"/>	Islington	<input type="checkbox"/>

Please give details of young person concerned.

Young Person Details			
Name of young person:		Date of Birth	DD / MM / RRRR
Ethnicity			
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Address (if different from above)			
Telephone number(s) (if different from above)			

How did the parent/s hear about the Brandon Centre?	
Reason for referral:	
Are there any other services who are involved i.e. – Social Care, CAMHS	

If other service involved, please state their details below:

Full name of professional and job title	
Professional's Contact Number(s)	

The above-named individuals are aware they will be contacted by the Brandon Centre when places are available in a Parenting Group for parents of children with ADHD.

Signed:	Date	DD / MM / RRRR
Name of referrer:	Telephone Number:	
Address:		

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