

Contact Information

ZIG ZAG Children's Service aims to work in partnership and co-operation with other professionals and agencies. As a referrer to our service, you may need to know about our work with the referred child and family. Please indicate below what level of contact you require from us.

(Please note that the child and family's permission will always be sought prior to any information being disclosed – except when required by a Court Of Law or Local Authority)

What level of contact do you need with our service?

Starting Date Notification **YES/NO**

Ending Date Notification **YES/NO**

Other (Please give details)

Would you like to receive further information regarding our service? **YES/NO**

Once completed,
return this form to:

ZIG ZAG Children's Service
The Margaret Centre
Whipps Cross Hospital
Leytonstone
London E11 1NR
Tel: 020 8539 5592
Fax:020 8535 6952

Email: bartshealth.pss.counselling@nhs.net



Barts Health NHS Trust

ZIG ZAG Children's Service Referral Form



Referral Information

Child's Name

Date of Birth

Gender

Parent/Carer Name

Address

Email address

Telephone Numbers

GP Name & Address

Child's NHS Number

School/Nursery
Name & Address

Class Teacher's Name

Referral Information

Please give detailed reasons why you want to refer this child.

Any other information (please describe any relevant educational, health or family issues)

Please list any other professionals working with this child and family

Are the child & family in agreement with this referral? **YES/NO**

Referrer Information

Your Name

Position

Contact Address

Telephone Numbers

Office:

Mobile:

Is there any other information that could be useful to us?

Do you or your colleagues need any support from our Service?
(If yes, please give details below) **YES/NO**