

## Infant Minds Matter

### Request for Assistance to INFANT MENTAL HEALTH TEAM

<b>INFANT'S DETAILS:</b>				
Infant's Name:				
Date of Birth:		Infant's CHI Number:		
Gender:		Ethnicity:		
Address:				
				POSTCODE:
Please advise of any communication needs:				
<b>GP NAME &amp; ADDRESS:</b>				
				POSTCODE:
Telephone:				
Who has parental rights and responsibilities?				
<b>PRIMARY CARER(S) WHO INFANT LIVES WITH:</b>				
Name:		Relationship to infant:		
Mobile:		Telephone:		E-mail:
Name:		Relationship to infant:		
Mobile:		Telephone:		E-mail:
<b>PARENT(S) if different from Primary Carer(s):</b>				
Parent's name:				
Address:				
				POSTCODE:
Mobile:		Telephone:		E-mail:
Parent's name:				
Address:				
				POSTCODE:
Mobile:		Telephone:		E-mail:
Please advise of any communication needs:				
<b>REFERRER'S DETAILS:</b>				
Name	Job Title & Agency	Address	Telephone	E-mail
<b>OTHER PROFESSIONALS INVOLVED WITH INFANT OR PARENT(S)/CARER(S):</b>				
Name	Job Title & Agency	Address	Telephone	E-mail

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<b>Referrer's observations of infant's mental health/emotional wellbeing and infant's attachment relationship(s) [Please refer to IMH Indicator Set]:</b>			
<i>(This space can be expanded)</i>			
<b>Primary Carer's observations and concerns about infant's mental health/emotional wellbeing and infant's attachment relationship(s) [as expressed by primary carer]:</b>			
<i>(This space can be expanded)</i>			
<b>Observations of infant reported by others if known [Please only include <u>direct observations</u> of others, not third hand reports]:</b>			
<i>(This space can be expanded)</i>			
<b>Background information [Child Protection? Children's Hearing System? Legal Orders? Perinatal Mental Health difficulties? Learning disability? Domestic violence? Substance abuse? Sexual abuse?]</b>			
<i>(This space can be expanded)</i>			
<b>PRIMARY CARER'S AGREEMENT WITH REQUEST FOR ASSISTANCE:</b>			
Please confirm you have discussed this Request for Assistance and your concerns about the named infant with the Primary Carer, that you have provided a copy of the IMH Service Leaflet, and that the Primary Carer <u>wants</u> this Request for Assistance to the IMH Team to be made <input type="checkbox"/>			
<b>PARENT(S) AGREEMENT WITH REQUEST FOR ASSISTANCE, IF NOT PRIMARY CARER:</b>			
Please confirm you have discussed this Request for Assistance and your concerns about the referred infant with the Parent(s), if Parent(s) not the Primary Carer, that you have provided a copy of the IMH Service Leaflet, and that the Parent(s) <u>want(s)</u> this Request for Assistance to the IMH Team to be made <input type="checkbox"/>			
<b>HV/FN HAS BEEN MADE AWARE OF RfA AND CONCERNS IF NOT MAKING RfA:</b>			
If you are <i>not</i> the infant's HV/FN, please confirm you have discussed your concerns about the named infant, and this RfA to the IMH Team, with the infant's HV/FN <input type="checkbox"/>			



## Infant Minds Matter

**PLEASE INDICATE WHICH DAYS PARENTS/CARERS CAN ATTEND APPOINTMENT:**

Mondays  Tuesdays  Wednesdays  Thursdays

**PLEASE INDICATE WHICH DAYS REFERRER CAN ATTEND APPOINTMENT:**

Mondays  Tuesdays  Wednesdays  Thursdays

**Please indicate whether you have previously had a consultation about this infant:**

YES:  NO:

**SIGNATURE OF PROFESSIONAL MAKING RfA:**

**Signature:**

**Name in CAPITALS:**

**Date:**

PLEASE EMAIL THIS FORM TO: [infantmentalhealth@lanarkshire.scot.nhs.uk](mailto:infantmentalhealth@lanarkshire.scot.nhs.uk)

This form is for use by Health Visitors/Family Nurses, Early Years Practitioners, PMHS or MNPI only.