**Information gathering questionnaire**

The TCP Team will collect information about you/the person you are referring (child or adult) using this form. You do not need to complete the form; they can take your answers over the phone. If you prefer you can complete it and return by email to [mlscu.tcpshropshire@nhs.net](mailto:mlscu.tcpshropshire@nhs.net)

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| --- | --- |
| **Name** | **Date of birth** |
|  |  |
| **Address** | **Contact details** |
|  |  |
| **Name of person making the referral** | **Relationship to person** |
|  |  |
| **Diagnosis**  Do you/the person you are referring’s have a diagnosis of Learning disability or Autism, and what evidence can you provide? | |
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| **Accommodation**  Where are you/the person you are referring living – for example with parent/carers or other family, hospital, living independently, nursing home, residential accommodation, supported living, educational placement, | |
|  | |
| **Current Support**  Who is currently supporting you/the person you are referring – this can include family, advocate, social work team, GP, mental health teams, community services, police or probation services. | |
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| **Assessments**  Do you/the person you are referring have an Education Health Care Plan or been assessed for a Care Act Assessment or been open to mental health services. | |
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| **About you/the person you are referring**  Tell us about key events in your/the person you are referring’s life such as trauma, mental and physical health issues, drug or alcohol issues, | |
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| **Recent events**  Have there been any changes or anything that has happened in the last six months – for example change in family circumstances, living situation, schooling, transition from children to adult services, other transitions. | |
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| **Hospital attendance/admissions**  Have you/the person you are referring visited A&E or been admitted to hospital due mental health or self-injurious behaviour. Please tell us about it. | |
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| **Physical health**  Do you/the person you are referring have physical health issues that are not being effectively treated. How is this Is this impacting on your/their mood/behaviour. | |
|  | |
| **Impact on parent carers/family**  What is the impact of the current situation on your/ the person you are referring’s parent carers and /or family or other unpaid carer. | |
|  | |
| **Barriers to participation in day-to-day life**  Tell us about any barriers you/the person you are referring has in accessing everyday life such as education, community settings, or voluntary/paid work. | |
|  | |
| **Space for other relevant information** | |
|  | |

For more information, please contact the Transforming (TCP) Team

Email: [mlscu.tcpshropshire@nhs.net](mailto:mlscu.tcpshropshire@nhs.net)

Phone: 01782 872500

Address: Heron House, 120 Grove Road, Stoke on Trent, Staffordshire, ST4 4LX

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Description automatically generated with medium confidence