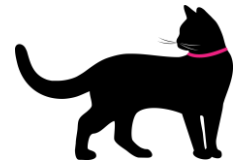




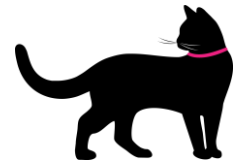
NICKY'S WAY REFERRAL FORM



NAME OF CHILD/YOUNG PERSON BEING REFERRED		MALE/FEMALE/NON BINARY	
		DATE OF BIRTH:	
NAME OF CHILD/YOUNG PERSON BEING REFERRED:		MALE/FEMALE/NON BINARY	
		DATE OF BIRTH:	
NAME OF CHILD/YOUNG PERSON BEING REFERRED:		MALE/FEMALE/NON BINARY	
		DATE OF BIRTH:	
ADDRESS:			
POSTCODE:			
NAME OF PARENT / GUARDIAN:		TEL NO(S): HOME:	
		MOBILE:	
		WORK:	
		EMAIL:	
DO WE HAVE PERMISSION TO LEAVE MESSAGES?		YES/NO	
ADDRESS (if different from above)			
POSTCODE:			
NAME OF PERSON WHO HAS DIED: RELATIONSHIP:.....			
CAUSE OF DEATH: DATE OF DEATH:			
HAS PARENT / GUARDIAN AGREED TO THIS REFERRAL:		YES/NO	
DOES CHILD / YOUNG PERSON KNOW OF THIS REFERRAL:		YES/NO	
OTHER FAMILY MEMBERS:			



NICKY'S WAY REFERRAL FORM



HOW WAS THE CHILD /YOUNG PERSON COPING PRIOR TO THE DEATH:

WHY ARE YOU SEEKING SUPPORT NOW?

OVERALL, HOW IS THEIR MOOD?

VERY GOOD 0 1 2 3 4 5 6 7 8 9 10 VERY BAD

HOW ARE THEY COPING WITH THEIR SITUATION?

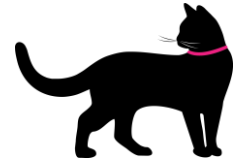
COPING VERY WELL 0 1 2 3 4 5 6 7 8 9 10 NOT COPING

Children's/ young person's Attitude to Grief scale (CAG) (Linda Machin ©)		Agree ←————— —————→ Disagree
1. (R)	I feel OK about being / feeling (*.....) because has died.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
2. (O)	I can't stop thinking about since s/he died.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
3. (R)	I feel I have the inner strength to cope with life since died.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
4. (C)	I think I should be brave about 's death.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
5. (O)	I feel as if this (e.g. sadness) will never get better.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
6. (C)	I can't let other people see how I am feeling about 's death.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
7. (O)	Since died, life has changed and become more difficult for me.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
8. (C)	I try to get on with life, in spite of how I am feeling about this loss.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>
9. (R)	Although life has been difficult since died, I think things will get better.	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>

*insert an appropriate feeling selected by the child/young person



NICKY'S WAY REFERRAL FORM



OTHER PROFESSIONALS OR ORGANISATIONS INVOLVED:

GP'S NAME & SURGERY: TEL NO:.....

NAME OF SCHOOL: TEL NO:.....

SOCIAL WORKER: TEL NO:

OTHER ie CAMHS: TEL NO:

HAS THERE BEEN ANY HELP FROM MENTAL HEALTH SERVICES? IF SO, PLEASE GIVE DETAILS AND CONFIRM WHETHER THIS IS STILL ONGOING:

ANY ADDITIONAL INFORMATION:

CONSENT:

ST NICHOLAS HOSPICE WILL HOLD INFORMATION ABOUT YOU IN RELATION TO THIS SERVICE. YOUR INFORMATION WILL BE MANAGED IN LINE WITH THE DATA PROTECTION ACT 2018 AND WILL ONLY BE ACCESSED BY STAFF WHO ARE PROVIDING THIS SERVICE.

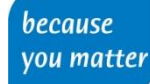
YOU HAVE RIGHTS IN RELATION TO THE WAY WE USE YOUR INFORMATION. IF YOU NO LONGER WANT US TO USE YOUR INFORMATION AS EXPLAINED ABOVE, PLEASE CONTACT ST NICHOLAS HOSPICE CARE

ARE YOU HAPPY THAT WE SHARE YOUR INFORMATION WITH OTHER RELEVANT ORGANISATIONS/PROFESSIONALS WHO MAY BE INVOLVED IN YOUR CARE? YES NO

SIGNATURE OF PARENT/GUARDIAN:

.....

DATE:



**St Nicholas
Hospice Care**

A Registered Charity No. 287773

PLEASE RETURN TO: Nicky's Way, St Nicholas Hospice Care, Hardwick Lane, Bury St Edmunds, IP33 2QY

Tel No: 01284 715572

Email: Psychological.Services@stnh.org.uk