|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mosaic ID |  | RIO ID |  | NHS No |  |
|  |  |  |  |  |  |
| Last Name |  | First Names(s) |  | Title |  |
| Home Address |  | Postcode |  |
| D.O.B |  | Is the client considered disabled? |  |
| Gender |  | Gender Reassignment |  | Sexual Orientation |  |  |
| Ethnicity |  | Marital Status |  | Pregnant or on Maternity Leave |  | Religion |  |



**Children & Young People - Data Capture Form**

**Section 117, Mental Health Act 1983 (as amended 2007) Register**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital Name |   | Current GP |  |
| Hospital Address |  | GP Practice Address |  |
| Postcode |  | Postcode |  |
| CCG Locality |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Detained under Section | 3 |  | 37 |  | 45a |  | 47 |  | 48 |  | Of Mental Health Act |
| Date of Section |  |
| Form completed by |  | Date completed |  |

|  |  |
| --- | --- |
| Parental Responsibility (Name) |  |
| Individual is aware that a referral is being made to CSWS | Yes |  | No |  |
| Parent is aware that a referral is being made to CSWS | Yes |  | No |  |

Email form to Children’s Services – Frontdoor@kent.gov.uk