#  Application form for mental health team for children, youth and families

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| ***Children/youth:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate:\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| ***Mother/guardian:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_Telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Father/ guardian:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­Telephone number:\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Who does the child/adolescent live with?*** |

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| ***Kindergarten/school:*** Teacher/kindergarten teacher:  |
| ***GP:***  |
| ***Does the child have an individual plan:*** *Coordinator:*  |

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| ***I/parents/young people ( 16 years+) agree that the person requesting receives feedback about when the contact has started and ended :***  YES NO (applies when it is others than parents and young people who contact us) |
| ***Is there a need or wish for an interpreter :***  YES NO State language and eveutelt dialect:  |

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| ***What does the family or child need help with?****Worry/anxiety \_\_\_\_\_\_\_\_\_**Mild depression \_\_\_\_\_\_\_\_\_**The role as parents \_\_\_\_\_\_\_\_\_**Relations in the family \_\_\_\_\_\_\_\_\_**Regulation of emotions \_\_\_\_\_\_\_\_\_* *Eating problems \_\_\_\_\_\_\_\_\_* *Drugs or alcohol \_\_\_\_\_\_\_\_\_* *Other: \_\_\_\_\_\_\_\_\_***Additional information:** **Date and signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |