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Eining barn, familie og helse

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

Children/youth:_____Birthdate:_____

Address:_____

Telephone number:_____

Mother/guardian: _____Telephone number:_____

Address:_____

Father/ guardian: _____Telephone number:_____

Address:_____

Who does the child/adolescent live with?

Kindergarten/school: Teacher/kindergarten teacher:

GP:

Does the child have an individual plan: *Coordinator:*

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: _____

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Additional information:

Date and signature_____