carterbrown
your reliable source for expert assessments

Referral Form

Company*

Full Name*

Job Title/Position

Email Address*

Telephone

Case Name*

Case name or unique identifier

Case Type* Select

Expert Type * Select

Assessment Type * Select

Name of Preferred Expert (Optional)

We'll try to supply your preferred expert's CV and timescales - subject to availability

No. Adults to be Assessed*

Please specify number of adults to be assessed

No. Children to be Assessed*

Please specify number of children to be assessed

Ages of Children to be Assessed*

Example 8, 9, 10

Interpreter Required? Select

Location of Clients*

Please list towns and/or postcodes of each person to be assessed

At this stage are you aware of any known issues in this case?

- ☐ Mental health problems
- ☐ Substance misuse
- ☐ Non-accidental injury
- ☐ Violent risk
- ☐ Sexual risk
- ☐ Neglect
- ☐ Parental risk
- ☐ Learning difficulties
- ☐ Childhood trauma
- ☐ Trauma or PTSD
- ☐ Childhood disorders
- ☐ Domestic violence
- ☐ Other (Please state in comments)

Date of Directions Hearing - DD/MM/YYYY

Date of Final Hearing - DD/MM/YYYY

Funding Type (If Applicable)

Additional Comments

Please advise of any further information that may be relevant. This may include i.e. person to be assessed is a new or expectant mother (incl. delivery date or expected date), or any neurodevelopmental conditions such as ASD/ADHD that may be present.

☐ Please tick to confirm that you agree to the terms of our Privacy Policy which sets out how we use and store your information.

Please complete this form digitally and email it to referrals@carterbrownexperts.co.uk. We aim to respond within 2 hours with CVs, timescales, and cost estimates. If your request is urgent, please indicate this so we can prioritise it accordingly within your desired timeframe.