

 CROSS SYSTEM CONSULTATION TEMPLATE (NH 2024)

* Complete template - keep it brief, bullet points are fine, but make sure to respond to ALL sections.
* **Do not include any PHI** (protected health information). No names or birth dates. You can make up names or refer to family members by their relationship (child, mother, grandmother, father, foster father)
* Best to name file as follows: “**Your Name Town of Referral Consult Date**” (allows people to easily find it in their email)
* Email to consultant Cassie Yackley (cassie.yackley@centerfortrpchange.com) and Genevieve Long (genevieve.long@centerfortrpchange.com)

# GENERAL DEMOGRAPHIC INFORMATION

# (To be completed by Cross System Partner who requested the consultation)

| **Date of Consultation Meeting:** |  |
| --- | --- |
| **Original date of Referral:** |  |
| **Town or City of Referral Source:** |  |
| **Reason for Referral to consultation:** |  |
| **What other potential referral(s) are you looking for?:** | **(example: SUD Treatment program, early intervention, child welfare, etc)** |
| **Providers Invited to Consultation:** | **(Indicate Name/Agency/Role)** |
| **Provider(s) Missing or Not Invited to Consultation** | **(Indicate Name/Agency/Role)** |

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# SCREENING INFORMATION

# (To be completed by Cross System Partner who requested the consultation)

| **Age of Child:** |  |
| --- | --- |
| **Family or child’s demographic information that is essential to support the referral:** |  |
| **Family or child’s socio-cultural or linguistic information that is essential to support the referral:** |  |
| **Was the child screened for trauma?:** | **(Indicate date of screening/type of screening instrument/ name of person administering screening/type of caregiver answering questions)** |
| **What was the outcome of the screening?:** | **(Indicate how many boxes were checked off if more then 3, if less then 3 indicate which categories were checked off)** |
| **Other concerns or barriers to treatment:** |  |

# OUTCOME OF CONSULTATION

# (To be completed by The Center for Trauma-Responsive Practice Change staff)

| **Did the group decide it is appropriate to engage the family in CPP at this time?:** |  |
| --- | --- |
| **If so, what specific collaboration tasks between providers will be implemented to ensure a warm handoff to treatment?:** | **(Specify who we will be reaching out to and connecting)** |
| **Are there other referrals that need to be made? Who is responsible for initiating those?**  |  |
| **Is any ongoing support required? Either for supporting family or supporting providers through treatment? What is needed?:** |  |