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| Return completed form to: [**FCAMHSSWN@oxfordhealth.nhs.uk**](mailto:FCAMHSSWN@oxfordhealth.nhs.uk)  @oxfordhealth.nhs.uk is DCB1596 secure compliant.  It is the sender’s responsibility to ensure that emails sent meet their organisation’s security policy. | **South West (North) Community Forensic CAMHS**  **Temple House, Temple Court, Keynsham, Bristol, BS31 1HA**  **Tel: 01865 903038** |
| **South West (North) Community Forensic CAMHS Referral Form** | |

Please complete as fully as possible by typing into the white spaces

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| **Office use only** | |
| Referral received |  |

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| **Date of Referral** |  |

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| **Young Person information** | |
| Name |  |
| Date of Birth |  |
| Age at referral |  |
| NHS Number |  |
| Gender |  |
| Ethnicity |  |
| Religion |  |
| Home address |  |
| Telephone |  |
| Address at time of referral  (if different) |  |
| Telephone |  |

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| **Next of kin/carer information** | | | | | |
| Name |  | | | | |
| Address |  | | | | |
| Telephone |  | | | | |
| Email |  | | | | |
| Is the next of kin/carer **ex** British Armed Forces personnel? | | Yes |  | No |  |
| Is the next of kin/carer aware of the referral? | | Yes |  | No |  |

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| **Consent** | | | | | |
| Has the young person been informed of this referral? | | Yes |  | No |  |
| Has the parent or other person with parental responsibility  been informed of this referral? | | Yes |  | No |  |
| Has consent been obtained for this referral? | | Yes |  | No |  |
| Consent means the young person / parent or other person with parental responsibility  is aware and agrees that: | | | | | |
| 1. Information about the young person will be shared with FCAMHS | | Agree |  | Not Agree |  |
| 1. Information about the young person may be discussed with multiagency professionals | | Agree |  | Not Agree |  |
| 1. That FCAMHS will send a written summary to multiagency professionals and the young person’s GP | | Agree |  | Not Agree |  |
| Name of person giving consent  (relationship to the young person if not the young person) |  | | | | |
| If consent has not been given, please state the reason why the referral should be considered without consent  (e.g. particular safeguarding / imminent risk concerns) |  | | | | |
| **Please note, by submitting this referral, you are also confirming that you have followed your local consent policies. This includes gaining the relevant consent for referring to our service, and the sharing of appropriate information across agencies involved.** | | | | | |

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| **GP** | | | | | |
| Name |  | | | | |
| Address |  | | | | |
| Telephone |  | | | | |
| Aware of the referral? | | Yes |  | No |  |

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| **Referrer’s information** | |
| Name |  |
| Job title |  |
| Address |  |
| Telephone |  |
| Email |  |
| Please state availability for contact |  |

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| **Other professionals involved** | |
| Please give names, roles, telephone and email |  |

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| **Who is the lead / co-ordinating professional?** |  |

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| **Previous CAMHS (not FCAMHS) contact?** | Yes |  | No |  | Unknown |  |
| **Has the young person been previously known to this service?** | Yes |  | No |  | Unknown |  |

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| **Other agencies involved at time of referral** | |
| CAMHS |  |
| Education |  |
| Social Care |  |
| Police |  |
| Youth Justice Service |  |
| ECM |  |
| Other |  |
| None |  |

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| **Living arrangements at time of referral** | | | | | | |
| Birth family |  | Criminal justice setting: | | | Mental health setting: | |
| Adoptive family |  | YOI | |  | General Adolescent Unit |  |
| Other family |  | STC | |  | PICU |  |
| Foster care |  | SCH | |  | Low secure |  |
| Residential care |  |  | | | Medium secure |  |
| Secure care (welfare) |  |  | |
| Residential school |  | Other (please state) |  | | | |
| Semi-Independent living |  |  | | | | |
| Independent living |  |

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| **Mental health status** | | | | | | | | | | | | | | | |
| None |  | Informal |  | s.2 |  | s.3 |  | s.37 |  | s.37/41 |  | s.47/49 |  | s.48/49 |  |

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| **Social Care status** | | | **Education status** | | |
| Child Looked After – s.20 | |  | Mainstream | |  |
| Child Looked After – s.31 | |  | Mainstream with SEN | |  |
| Leaving care | |  | Special schooling | |  |
| Child in Need | |  | PRU | |  |
| Team Around the Child | |  | Home tuition | |  |
| Subject to CP plan | |  | Hospital school | |  |
| Secure Accommodation Order - s.25 | |  | Further education | |  |
| None | |  | Vocational training | |  |
| Other (please state) |  | | NEET | |  |
|  | | | EHC Plan | |  |
| Left School | |  |
| Other (please state) |  | |

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| **Criminal Justice status** | | | | |
| Not applicable | |  | On bail |  |
| On remand | |  | Pre Court order |  |
| Community sentence | |  | Custodial sentence |  |
| Other (please state) |  | | | |

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| **Reason for Referral**  **Please identify any specific events or incidents of concern (including dates)** | | | | | |
| **Main Reason for Referral:** | | | | | |
| **Violence and Aggression** |  | **Fire Setting** |  | **Harmful Sexual Behaviour** |  |
| **Second Opinion in Complex Forensic Case** |  | **Criminal Justice System Involvement** |  | **\*Other – please state below** |  |
| **\*Other main reason for referral:** | | | | | |
| **Risk of harm to others:** | | | | | |
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| **Mental health concerns and/or neurodevelopmental and learning difficulties:**  (including any diagnoses if applicable) | | | | | |
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| **Significant life events or changes - e.g. trauma, bereavement:** | | | | | |
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| **Physical health, including any diagnoses:** | | | | | |
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| **Substance use** (please detail any drug taking and alcohol drinking) | | | | | |
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| **Intervention and Risk Management to date:**  (please detail any past and current input from CAMHS, Social Care, Education, Youth Justice Service, other) | | | | | |
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| **Referrer’s anticipated outcome**  **Please include the young person’s view if possible** |
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Please attach any relevant supporting documents and reports.