

Community CAMHS
7 Pyle Street
Newport
Isle of Wight
PO30 1JW

Date form received by CCAMHS
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COMMUNITY CAMHS REFERRAL FORM: FROM OCTOBER 2015

BEFORE YOU REFER...

- 1) For non-urgent referrals, please phone the Primary Mental Health Practitioners on 01983 523602 to discuss your concerns.
- 2) For urgent referrals during working hours, please contact the Available Clinician on 01983 523602 to discuss your concerns. All urgent calls out of hours are to be directed to the Adult Crisis Resolution Team on 01983 522 214 or telephone 111 to reach The Hub.
- 3) Post your completed form to the address above.

All referrals will be considered in our Monday Referrals Meeting unless they require an urgent response.

ABOUT THE CHILD/YOUNG PERSON:

First Name	
Surname	
Also Known as	
Date of Birth	
Gender	
Ethnicity	
Religion	
First Language	
Home Address & Postcode	
Up to date telephone numbers	
NHS Number	

PARENTS/CARERS/OTHER MEMBERS OF THE HOUSEHOLD:

Name	Relationship	Contact Details	Parent Responsibility? Y/N

OTHER AGENCIES

Current educational setting	Name: Address:
Current GP	Name: Address:
Other Agencies Involved (eg Social Care, Barnardo's, Paediatrician, Health Visitor, YMCA, Education Welfare)	
Is there a current CAF? Please give details of Lead Professional	

IDENTIFIED NEEDS & CONCERNS

What are your concerns regarding the mental health of the child or young person you are referring? Please give as much information as possible. For example, it would be helpful to know about family background/relationships, family history of mental health issues, important life events, medical history, any relevant diagnoses (e.g. ASD, ADHD, learning disabilities), school history, substance misuse etc.

IF YOU HAVE SAFEGUARDING CONCERNS PLEASE CONTACT HANTS DIRECT ON 0300 555 1384

REFERRER'S DETAILS

Name	
Job Title	
Agency	
Address	
Contact Details	
Signature	
Date of Referral	

CONSENT FROM YOUNG PERSON OR PARENT/CARER (must be completed)

Please be aware that we will only proceed in processing this referral if we have the consent of the young person and/or their family/carer

I agree to this referral being made:

Signature (Child or Parent/Carer if child under 16 years)	
Name of person signing	
Date	
Is the child or young person aware of this referral?	
Are parents/carers aware of referral?	
If you are unable to get written consent, please indicate whether verbal consent has been given (and please state from who)	

Please note, this form will be stored in a secure location at CCAMHS