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**Access to the Mental Health Support Team Form**

\*Date of Completion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Circle - North Staffs /Moorlands /South Stoke/ North Stoke

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| **CONSENT AND SUITABILITY – THIS SECTION MUST BE COMPLETED IN FULL** |
| ☐**I confirm that by making this referral for the named Child/Young Person below, I have assessed that all appropriate interventions at Universal Service Level\* have been attempted. I have gained the appropriate informed consent of either the Parent or the Child/Young Person who I have deemed to be Gillick Competent\*** |
| **\*Who has given consent to this referral?** | ☐Parent ☐Child/Young Person ☐Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If consent has been given by the Child/Young Person, is the parent aware of the referral? | ☐ Yes ☐No |  |
| If no, is the Child/Young Person happy for the parent to be informed of the referral? | ☐ Yes ☐ No |
| **Child’s Details** *(please complete with as much information as possible)***\*Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Preferred Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*DOB** \_\_\_\_\_\_\_\_\_ **\*Age \_\_\_\_\_\_** \***Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\*Contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred mode of contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\*Gender** ☐**M** ☐**F** ☐**NK** ☐**Other \*GP ­­­­­­ ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\*Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Preferred Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Interpreter?** ☐**Y** ☐ **N** **\*Parent / Carers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Person(s) with PR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\*Parent/Carers Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\*School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*School Year Group \_\_\_\_\_\_****\*Known Siblings in Same School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\* Looked After Child** ☐**Y** ☐ **N Child in Need / Child Protection Social Worker­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Social Worker Contact Details (Number/ Email)­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\*Presenting concerns*** What are your main concerns? (Behaviour, low mood, worry, self-esteem etc.)
* What is the impact of these concerns? (Sleep, hygiene, nutrition, relationships, home, education etc.)

**PTO*** How long has there been a presenting problem and has this been identified by others? (Parents, teachers etc.)
* Are there any concerns regarding the young person’s school work or behaviour?
* Are there any known safeguarding risks? If yes please give details below.
* Is the young person known or previously known to CAMHS? If yes please give details below

**\*This child is appropriate for** (please highlight)**: Group / 1-1 work**Please give any other relevant information here… |

Please send completed forms to:-

Julie Chapman

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