Mental Health Waiting List Parent Support Group

Referral form





		Centi	e	Local Minds working in partnership		
Please email this referral form	to:					
For any enquiries please phor	ne:					
Exclusion crieria: please ensur	re that none of the below are applicable	j:				
Parent needs an interpreter:	Yes No					
Child has co-morbid eating di sion, anxiety, self-harm, suicid	sorder or moderate to severe learning of ality: Yes No	difficulty, mental healtl	n difficulty ot	her than low mood/depres-		
Which CAMHS team is the Y Richmond etc.	P on the waiting list for: e.g. Camden,					
Date of referral:						
Name of referrer:						
Referrer contact number:		Referrer email addre	SS:			
Service of referrer (if not self-	-referral):					
For admin to complete						
Referral received by:						
Date the referral was receive	d:					
Young Person's Details						
Full name:			Date of Birth	DD / MM /RRRR		
Ethnicity:						
Gender:	Male	Female		Other		
Address:						
GP:						
Main presenting mental health difficulty please select all that are relevant:	Low mood/depression A	Anxiety Self-h	narm	Suicidality		
Any other services/profession	nals involved other than CAMHS e.g. so	cial worker?				
Do you have any objections to our service disclosing routine information and updates to the services currently involved in the care of your family such as GP or CAMHS? Yes/No, if yes, please list services you object to. Please note that some disclosures will have to be made to appropriate services if there are serious safeguarding or risk concerns, regardless of objection.						
Yes No No III						
<u> </u>						

Parent / Guardian (1)					
First Name:		Surname			
Relationship to the child:					
Ethnicity:					
Address if different to young person's:					
Telephone number(s):					
Email:					
GP:					
Disability:					

Parent / Guardian (2)					
First Name:		Surname			
Relationship to the child:					
Ethnicity:					
Address if different to young person's:					
Telephone number(s):					
Email:					
GP:					
Disability:					