********

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

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

|  |  |  |
| --- | --- | --- |
| **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

Jchapman@pmtraining.org.uk