**Transforming Care**

 **Children and Young People’s Self-Referral Form**

To be completed by the child/young person or parent/guardian. If you would like help to complete the form, please ask your CAMHS Practitioner, your Social Worker, or your School Teacher)

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| **Child /Young Person Details: *Must be completed***  |
| Child/Young Person Full name |  | Preferred name |  |
| Gender | M [ ]  F[ ]  Other [ ]  | Ethnicity  |  |
| Preferred Pronouns |  |
| Date of Birth |  | Age |  |
| NHS No. *(If known)* |  |
| Home address & postcode |  | Contact No. (young person)  |
|  |
| **Parent/Carer Details:*****Must be completed*** | **Parent / Carer 1** | **Parent / Carer 2** |
| Parent /Carers Name: |  |  |
| Relationship to child: |  |  |  |
| Parental responsibility:  | YES [ ]  | NO[ ]  | YES [ ]  NO[ ]  |
| Home address & postcode if different from above: |  |  |
| Parent/Carer Email address:  |  |  |
| Parent/Carer contact telephone number: |  |  |

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| Diagnosis  | Autism [ ]  | Learning Disability [ ]  | Both [ ]  | Other [ ]  |
| Local Authority:  | BBC [ ]  | CBC [ ]  | LTN [ ]  | MK [ ]  |

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| **Current Support in Place** |
| Name & address of GP: |  |
| Name of Education Setting: |  |
| Is your child currently attending school? | Yes [ ]  No [ ]  Partly [ ]  (If your answer is no or partly, please give further detail e.g., how long have you been absent from school/ how many hours are you attending school each week and why). |
| Does your child have a social worker? | Yes [ ]  No[ ]  | Name of Social Worker: |
| Social Workers email or contact no: |
| Is your child currently under CAMHs: | Yes [ ]  No [ ]  On Waiting List [ ]  Discharged [ ]  |
| If Yes: Name of team / clinician  |  |

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| **Your Concerns**  **Further information can be added below for each concern if you wish** |
| Do you self-harm?  | Yes [ ]  No [ ]  |  |
| Are you feeling suicidal? | Yes [ ]  No [ ]  |  |
| Have you had any police involvement? | Yes [ ]  No [ ]  |  |
| Do you use illegal substances?  | Yes [ ]  No [ ]  |  |
| Do you take part in criminal activity? | Yes [ ]  No [ ]  |  |
| Are you physically aggressive towards others? | Yes [ ]  No [ ]  |  |
| Have you attended to A&E within the last 3 months? | Yes [ ]  No [ ]  |  |
| Are you questioning your gender identity or exploring your sexuality? | Yes [ ]  No [ ]  |  |
| Have you spoken with other services about your mental health? | Yes [ ]  No [ ]  | If Yes which services;  |

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|  **Views and Wishes**If you would like your family to add their views and wishes, please aske them to do so below. If you are a parent/guardian completing the form, please ask your child/young person their views and wishes and record them below |
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| **Consent** |
| Do you consent to the information you have provided to be shared with other professionals? | Yes [ ]  No [ ]  | Date: |  |
| Signature: |  |

Please send this completed form to:

**blmkicb.cyptcp@nhs.net**