**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**