**Single Point of Contact Referral Form – South Tees/ North Tees CAMHS**

**ALL SECTIONS MUST BE COMPLETE IN FULL**

**Date: Time:**

**Referral Source:**

Have you had consent to make this referral?

Self-referral

Carer / Family Referral

Referral from professional

**Name and full address of referrer**:

**Contact number for referrer:**

**Required information:**

**Child’s Name**:

**Telephone Number / Contact Details** :

**Consent to text** Yes 🞏 No 🞏

**Address**:

**DOB**: Age: (consider if patient is approaching transition age)

Parental responsibility:

*(name of both carers)*

***In case of parental separation:*** Are both parents aware of referral/concerns?

Correspondence to be sent both parents? Yes / No

Alternative address:

NHS Number:

GP name & address:

School:

Are you referring from an **MHST school**? If yes, has this been discussed with the mental health lead? (only applicable if school are making this referral) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity:

Religion:

Language: Interpreter needed:

Physical health issues:

Medication prescribed:

Known diagnosis: Approx. date:

Additional needs:

Legal order in place: Yes / No *(if yes please specify)*

Previous CAMHS involvement:

Other services involved:

**What is the reason for the contact?**

**How long has it been going on?**

**How often is it happening?**

**How is it impacting on their life? *(Attending school/learning issues/peer relationships?)***

**What is it like in different settings?**

**Risk - Any historical factors? Current risk factors, vulnerabilities? Include risk to self/others?**

**Are there any parental mental health issues that we need to be aware of? ( Are carers willing to share any details?)**

**Resilience - Protective factors, what has / has not worked, what is going well**

**Any other services? (Children’s centres/parenting groups/health visitor advice)**

**What do you expect from our service?**

**Signed:**

Please send completed referral form to:

South referrals: [**TEWV.STSPOC-CAMHS@NHS.NET**](mailto:TEWV.STSPOC-CAMHS@NHS.NET)

North referrals: [**TEWV.NTSPOC-CAMHS@NHS.NET**](mailto:TEWV.NTSPOC-CAMHS@NHS.NET)

**If you have any queries please contact the team on 0300 2000 000**