**Wirral CAMHS Request for Help Form**

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| **Clinician’s Name & Role:** |  |
| **Consultation Date & Time:** |  |
| **Attendees:** |  |
| **Consultation outcome – please indicate:** | * **Accepted by MHST for assessment** * **Not appropriate - consultation only** |
| **Do you have parental consent to discuss / refer this child and for CAMHS to keep a record of this discussion** | * **Yes / No** |

**\*\* Please do not send a referral to MHST without first discussing in consultation\*\***

**When complete please email form to**: [cwp.wirralmhstreferrals@nhs.net](mailto:cwp.wirralmhstreferrals@nhs.net)

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| **Young Person** | |
| \* Name of young person |  |
| \* Date of birth |  |
| \* Sex | Choose an item. |
| \*Please specify Sexual Orientation | Choose an item. |
| \* Ethnicity | Choose an item. |
| \* Other Ethnicity not listed |  |
| \* Ex-member of British Armed Forces? | Choose an item. |
| NHS number |  |
| \* Name of parent / carer |  |
| \* Young person’s home address |  |
| \* Parent/carer phone numbers or young person if over 16 |  |
| \* Email address of parent  or young person if over 16 |  |
| \* Name of person with parental responsibility (PR) |  |
| \* Safeguarding status of young person | Choose an item. |

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| **Details of person requesting help / advice** | | |
| \* Name | |  |
| \* Address | |  |
| \* Phone number | |  |
| \* Email | |  |
| \* What is your relationship to the young person or are you the young person yourself? We can only accept self referrals from young people aged 16+ |  | |
| \* If you are not the parent / carer or young person, do you have consent from the young person and their parent/carer for this Request for Help? | | Choose an item. |

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| **School / College** | |
| \* Name of school / college |  |
| \* Are there any difficulties with educational attendance? | Choose an item. |
| \* Are there are difficulties with educational attainment? | Choose an item. |
| \* Would you consider the young person to have special educational needs? | Choose an item. |
| \* Does the young person have an Education Health Care Plan (EHCP)? | Choose an item. |
| \* Does the young person have a disability? | Choose an item. |
| \* If answered yes above please specify learning or physical | Choose an item. |
| If answered “yes” to the above, please provide further information |  |

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| **Details of GP** | |
| Name of GP (if known) |  |
| \* Name of surgery |  |

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| **Other Details** | | |
| \* Is the young person pregnant? | Choose an item. | |
| \* Is the young person open to the Youth Offending Service? | Choose an item. | |
| \* Has the young person already received support from another organisation (please give details)? |  | |
| If there is concern about the person’s weight or of a possible eating disorder, please give their height and weight | Height (cm) |  |
| Weight (kg) |  |

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| **Main concerns about the young person’s Mental Health**  *If a question is not applicable, please say “not applicable”* | |
| \* Primary Reason for Referral | Choose an item. |
| \* Sleep pattern; too much, too little, or changed recently? |  |
| \* Appetite; smaller, larger or altered recently? If eating concerns are they restricting the amount they eat, when and what are they eating, what is their current weight and height? Are they using laxatives or being sick after meals? Has their exercise increased? |  |
| \* Mood – please use a rating scale if possible 0 to 10, (0 = unhappy, 10= happy). Is this a new presentation? Do they seem more anxious? When and with whom? |  |
| \* Any self-harm: what type, when does this happen, how often, is treatment ever required? |  |
| \* Suicidal thoughts, worries or behaviours? Explore with your young person when these happen and what they think they might plan to do? |  |
| \* How is school or college going? Is the young person falling behind, have school raised concerns or offered support? |  |
| \* Has the young person withdrawn from usual social activities? Please give details. |  |
| \* Have there been any big events in the young person’s life? Anything that might up-set or frightened them? What was this? |  |
| \* Include anything else you think might help us understand the young person’s presentation; unusual behaviours, new habits, seeing or hearing sounds, voices or figures |  |
| \* For how long have the problems you described affected the young person’s life? | Choose an item. |

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| **Significant others**  Family members or other agencies involved in the young person’s life | | |
| **Name** | **Age** | **Relationship** |
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| **Other relevant information** | |
| Please give any other details that you think might be relevant  (which could include some of the following, this is not an exclusive list)  e.g. family separation  e.g. mental health difficulties of the parent / carer  e.g. drug or alcohol use by parent / carer or young person  e.g. relationship difficulties  e.g. physical health problems  e.g. witnessed or experienced domestic violence  e.g. experienced physical, emotional or sexual abuse  e.g. questioning gender identity |  |

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