



**East Midlands Forensic CAMHS Referral Form**

Please complete as fully as possible and send to FCAMHSEastMidlands@nottshc.nhs.uk

**Date of referral** Click to select a date. **Date Received**  Click to select a date.

**Young Person’s Details**

|  |  |  |
| --- | --- | --- |
| Name | Preferred name  | Gender |
|  |  | M [ ]  F [ ]   |
| Date of Birth | Age at referral | NHS No. | Rio Number if known |
|  | Please select |  |  |
| Nationality | Religion | Ethnicity |
|  |  |  |

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| --- | --- |
| Home address | Address at time of referral (if different) |
| Phone number: | Phone number:  |
| Next of Kin/ Carer details | GP’s details |
| Name Address Phone number Relationship to young person? Aware of referral? Yes [ ]  No [ ]  | Name Address Phone number Aware of referral? Yes[ ]  No [ ]  |

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| --- | --- |
| Referrer’s details | Local CAMHS worker |
| Name: Profession/designation: Address: Telephone Number: Email address: Sector Please selectIf ‘other’ please specify  | Name: Profession/designation: Address: Telephone Number: Email address:  |

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| Other agencies involved at time of referral? |
| CAMHS  | [ ]  | Social Care  | [ ]  | YOS | [ ]  |
| Education | [ ]  | Police | [ ]  | None | [ ]  |
| Other [ ]  Please specify |
| Details of other professionals working with the young person |
| Name: Profession/designation: Address: Telephone Number: Email address:  | Name: Profession/designation: Address: Telephone Number: Email address:  |
| Name: Profession/designation: Address: Telephone Number: Email address:  | Name: Profession/designation: Address: Telephone Number: Email address:  |
| Previous contact | Yes | No |
| Has the young person had previous contact with CAMHS? | [ ]  | [ ]  |
| Has the young person had previous contact Forensic CAMHS? | [ ]  | [ ]  |

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| Living arrangements at time of referral | Social care status |
| Please selectIf other, please specify  | Please selectIf other, please specify  |
| Describe living conditions at time of referral:  |

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| --- | --- | --- | --- |
| **ACES** | Yes | No | Don’t know |
| Has the young person ever lived with a parent/ caregiver who went to jail/ prison? | [ ]  | [ ]  | [ ]  |
| Has the young person ever felt unsupported, unloved and/or unprotected? |[ ] [ ] [ ]
| Has the young person ever lived with a parent/ caregiver who had mental health issues? |[ ] [ ] [ ]
| Has a parent/ caregiver ever insulted, humiliated or put down the young person? | [ ]  | [ ]  | [ ]  |
| Has the young person’s biological parent or any caregiver ever had a problem with too much alcohol, street drugs or prescription medication use? | [ ]  | [ ]  | [ ]  |
| Has the young person ever lacked appropriate care by any caregiver? | [ ]  | [ ]  | [ ]  |
| Has the young person ever seen or heard a parent/ caregiver being screamed at, sworn at, insulted or humiliated by another adult? |[ ] [ ] [ ]
| Has the young person ever seen or heard a parent/ caregiver being slapped, kicked, punched, beaten up or hurt with a weapon? |[ ] [ ] [ ]
| Has any adult in young person’s household often or very often grabbed, slapped or thrown something at the young person? |[ ] [ ] [ ]
| Has any adult in the young person’s household ever hit the young person so hard that the young person had marks or was injured? |[ ] [ ] [ ]
| Has any adult in the household ever threatened the young person or acted in a way that made the young person afraid that they might be hurt? |[ ] [ ] [ ]
| Has the young person ever experienced any sexual abuse |[ ] [ ] [ ]
| Has there ever been significant changes in the relationship status of the young person’s caregivers? |[ ] [ ] [ ]
| Has the young person ever seen, heard, or been victim of violence in their neighbourhood, community or school? |[ ] [ ] [ ]
| Has the young person experienced discrimination? | [ ]  | [ ]  | [ ]  |
| Has the young person ever had problems with housing? |[ ] [ ] [ ]
| Has there ever been a time when the young person has been short of food? |[ ] [ ] [ ]
| Has the young person ever been separated from their parent or caregiver due to foster care or immigration? | [ ]  | [ ]  | [ ]  |
| Has the young person ever lived with a parent or caregiver who had a serious physical illness or disability? |[ ] [ ] [ ]
| Has the young person ever lived with a parent or care giver who died? |[ ] [ ] [ ]

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| Education status | Criminal justice status |
| Please select.If other, please specify:  | Please select.If other, please specify:  |
| Is there an EHCP | Yes [ ]  | No [ ]  |

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| Primary mental health diagnosis | Primary diagnosis (check one) | Comorbid Diagnosis (check all relevant) |
| ADHD  |[ ] [ ]
| Attachment disorder  |[ ] [ ]
| Anxiety |[ ] [ ]
| Autistic Spectrum Disorder  |[ ] [ ]
| Conduct disorders (without clear borderline traits)  |[ ] [ ]
| Conduct disorder with clear borderline traits  |[ ] [ ]
| Depression  |[ ] [ ]
| Developmental Trauma |[ ] [ ]
| Learning disability or significant difficulties  |[ ] [ ]
| Post-traumatic stress or allied disorder |[ ] [ ]
| Psychosis  |[ ] [ ]
| Sensory processing disorder  |[ ] [ ]
| Other (specify): |  |  |
| Emotional Dysregulation  |[ ] [ ]
| Selective mutism  |[ ] [ ]
| Developmental Language Disorder  |[ ] [ ]
| Acquired brain injury  |[ ] [ ]
| Anything not listed |[ ] [ ]
| No diagnosis |[ ]   |
| Diagnosis not possible/ available  |[ ]   |
| What medicine has been prescribed, if any?  |
| Who has prescribed the medicine, if known?  |
| Is the young person under the Mental Health Act? | Yes [ ]   | No [ ]  |
| Is there any substance misuse? If so, Please give details | Yes [ ]  | No [ ]  |

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| Are there any other relevant queried diagnoses, signs or symptoms? |
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| Language and communication needs of the young person | Yes | No | Don’t know |
| Does the young person have difficulties listening to, remembering or understanding what you say? |[ ] [ ] [ ]
| Does the young person have difficulties finding the right words or give enough information when speaking? |[ ] [ ] [ ]
| Does the young person have difficulties interacting with others (poor social skills)? |[ ] [ ] [ ]
| Does the young person have a stammer or use unclear speech? |[ ] [ ] [ ]
| Does the young person have difficulties understanding written information including leaflets or letters? |[ ] [ ] [ ]
| Is there any other information regarding the young person’s communication that you would like to tell us about?If so, Please give details |

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| --- | --- | --- | --- |
| Occupational therapy | Yes | No | Don’t know |
| Are there any concerns that may require occupational therapy input – including but not limited to support with independent living, maintaining routine, concerns with sensory needs or difficulties with motivation? | [ ]  | [ ]  | [ ]  |
| If so, Please give details |

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| Reason for referral |
| \* Please select a reasonIf you have selected ‘multiple’ or ‘other’, please give detailsPlease tell us full details of specific incidents of concern, including dates:  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is the young person aware of the referral to Forensic CAMHS?  | [ ]  | [ ]  |
| Has the young person given consent for this referral? If not, why? | [ ]  | [ ]  |
| Have you made all relevant professionals who work with the young person aware of this referral? Please include any supporting information from them | [ ]  | [ ]  |

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| Referrer’s anticipated outcome **\*\*This section must be completed before referral can be opened\*\*** |
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