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| Return completed form to:  [oxfordhealth.thamesvalleyfcamhs@nhs.net](mailto:oxfordhealth.thamesvalleyfcamhs@nhs.net)  Thames Valley Community FCAMHS.  Unit 5 - Des Roches Square, Witan Way, Witney, Oxon, OX28 4BE  Tel: 01865 902613 |  |
| **South Central Community FCAMHS Referral Form (Thames Valley Team)** | |

Please complete as fully as possible by typing into the white spaces

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| **Office use only** | |
| Referral received |  |
| Consultation date |  |

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| **Date of Referral** |  |

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| **Client information** | |
| Name |  |
| Date of Birth |  |
| Age at referral |  |
| Gender |  |
| Ethnicity |  |
| Religion |  |
| Home address |  |
| Telephone |  |
| Address at time of referral  (if different) |  |
| Telephone |  |

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| **Consent** | | | | |
| Consent obtained for referral? | Yes |  | No |  |
| If no, is there a good reason why the referral should be accepted without consent (eg particular safeguarding/ imminent risk concerns) | Yes |  | No |  |



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| **Next of kin / carer** | | | | | |
| Name |  | | | | |
| Address |  | | | | |
| Telephone |  | | | | |
| Aware of the referral? | | Yes |  | No |  |

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| **GP** | | | | | |
| Name |  | | | | |
| Address |  | | | | |
| Telephone |  | | | | |
| Aware of the referral? | | Yes |  | No |  |

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| **Referrer’s information** | |
| Name |  |
| Job title |  |
| Address |  |
| Telephone |  |
| Email |  |

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| **Other professionals involved** | |
| Please give names, roles, telephone and email |  |

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| **Who is the lead / co-ordinating professional?** |  |

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| **Previous CAMHS (not FCAMHS) contact?** | Yes |  | No |  | Unknown |  |

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| **Other agencies involved at time of referral** | |
| CAMHS |  |
| Education |  |
| Social Care |  |
| Police |  |
| YOS |  |
| Other |  |
| None |  |

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| **Living arrangements at time of referral** | | | | | | |
| Birth family |  | Criminal justice setting: | | | Mental health setting: | |
| Adoptive family |  | YOI | |  | Open unit |  |
| Other family |  | STC | |  | PICU |  |
| Foster care |  | SCH | |  | Low secure |  |
| Residential care |  |  | | | Medium secure |  |
| Secure care (welfare) |  |  | |
| Residential school |  | Other (please state) |  | | | |
| Semi-Independent living |  |  | | | | |
| Independent living |  |

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| **Social Care status** | | | **Education status** | | |
| LAC – s.20 | |  | Mainstream | |  |
| LAC – s.31 | |  | Mainstream with SEN | |  |
| Leaving care | |  | Special schooling | |  |
| Child in Need | |  | PRU | |  |
| Team Around the Child | |  | Home tuition | |  |
| Subject to CP plan | |  | Hospital school | |  |
| Secure Accommodation Order - s.25 | |  | Further education | |  |
| None | |  | Vocational training | |  |
| Other (please state) |  | | NEET | |  |
|  | | | EHC Plan | |  |
| Left School | |  |
| Other (please state) |  | |

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| **Criminal Justice status** | | | | |
| Not applicable | |  | On bail |  |
| On remand | |  | Pre Court order |  |
| Community sentence | |  | Custodial sentence |  |
| Other (please state) |  | | | |

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| **Reason for Referral**  **Please include specific incidents of concern include dates** |
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| **Referrer’s anticipated outcome** |
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| OFFICE ONLY: Info checked at consultation 🞎 |