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| Return completed form to:oxfordhealth.thamesvalleyfcamhs@nhs.netThames Valley Community FCAMHS.Unit 5 - Des Roches Square, Witan Way, Witney, Oxon, OX28 4BETel: 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 🞎 |