

Multi Agency Emotional Health Triage Referral Form

The Emotional Health Triage helps families and professionals navigate a range of early help services available and will recommend or signpost you to the most appropriate services to meet the needs of the child or young person being referred. Please note that we do not offer urgent support.

If you are in crisis and need urgent help please contact:

Child & Adolescent Mental Health Services (CAMHS) on **0300 365 1234**,
Children's Services on **01635 503090**,
or the CAMHS crisis line on **0800 129 9999**.

To enable us to process this referral without delay please ensure the consent section is completed, and that you have responded to ALL questions marked as mandatory *. If possible, please fill this form in electronically. Once complete, please submit by e-mail to emotional.health.triage@westberks.gov.uk Do not hesitate to contact us by e-mail if you have any questions, or by phone on **01635 519018**.

Eligibility

The Emotional Health Triage service is open to children and young people under the age of 18, who have either a home, school or GP address within West Berkshire. Please check your address eligibility using this link

www.gov.uk/find-local-council

Q. Before proceeding, can you confirm that the above mentioned address criteria has been met for the child or young person being referred?*

Yes

About the person completing this form (referrer)

First name*

Last name *

Phone *

E-mail *

Are you?*

Parent/carer

Professional

Other

If you are a professional referrer, what is your job title and organisation or employer?

About the child or young person being referred

First name*

Last name*

NHS number if known

Preferred name

Age*

Date of birth*

Gender*

Female

Male

Other

Religion if applicable

Ethnicity*

**Home address*
and postcode***

Education* School name

In employment

Not in education or employment

GP Surgery Name*

GP name

Does the child or young person have a disability? *

Yes

No

Prefer not to say

If **yes**, please provide details and accessibility requirements.

Is the child or young person a carer for a family member (young carer)?*

Yes

No

Has this child or young person ever had a Child Protection Plan?

Yes, currently

Yes, previously

No, never

Unknown

Does this child or young person currently have an Education Health Care Plan (EHCP)?

Yes

No

Unknown

Reason for referral

Q. Please explain in detail the emotional health difficulties they may be facing, you may include information on symptoms, potential triggers, impact on daily life etc.*

Q. How long have these difficulties been affecting them?*

Q. Please select below what you believe is the child or young person's risk of harm to themselves or others?*

Very Low Risk/No Risk Low Risk Medium Risk High Risk Very High Risk

Q. Please provide details below. If your rating is high or very high please call CAMHS directly on 0300 3651234

Q. What is working well or helping at the moment?*

Q. What would the child or young person like to happen or what would they like to change?*

Other professionals

Q. Has there been any current or previous involvement or support from the following services?*

Childrens and Adolescents Mental Health Services (CAMHS)? *

Yes, currently Yes, previously No Unknown

If yes, please indicate dates and further details

Children & Family Services?*

Yes, currently Yes, previously No

If yes, please indicate dates and further details

School support such as ELSA, SENCO or Family Support Worker?*

Yes, currently Yes, previously No

If yes, please indicate dates and further details

Educational Psychologist?* Yes No

If yes, please indicate dates and further details

Other support?* Yes No

If yes, please indicate dates and further details:

Parent(s) / carer(s) and household details

Q. Please share full names and contact details for all of those with parental responsibility for the child or young person. *

Parent/carer 1

Parent/carer 2

First name

Last Name

Phone

E-mail

Q. As part of the process, we may contact parents/carers by telephone to discuss the referral. Are there any considerations when communicating with parent(s)/carer(s)?

Q. Please provide details of all others (adults and children) living with the child or young person being referred, this includes if the child or young person spends time in more than one household.*

Relationship to child

Age or DOB

Gender

Additional info

Q Please use this space to share additional information not captured above.

Consent

We cannot accept this referral without consent. If the child or young person is under 13 years old consent is required from a parent or carer with parental responsibility. If the young person is 13 years or over and has the functional ability to make a decision ([Gillick competent](#)), then consent is also required from the young person, as well as parents/carers. Please carefully review this statement of consent and select appropriate options below:

I give permission for this referral to the Emotional Health Triage. I understand and agree that information may be shared with other professionals involved if/when appropriate.

I understand that data is subject to a data protection policy www.westberks.gov.uk/pneha and information will be held on a secure computer system/filing system at West Berkshire Council to support this work and may be shared anonymously with the NHS for reporting purposes.

*I understand that consent can be retracted by contacting:
emotional.health.triage@westberks.gov.uk*

Q. Parent/carer consent*

Yes, I am the parent/carer and have read and consent to the above. *Please sign or type name here*

Yes, I am a professional referrer and confirm that the parent/carer understands and consents to the above.

No, parent/carer is unable to provide consent. Please explain below:

Q. Child or Young person consent*

Yes, I can confirm that the child or young person understands and consents to the above.

Not applicable, child is under 13 or not able to provide consent.

Thank you for taking the time to submit a referral to the Emotional Health Triage service. You will receive a confirmation e-mail outlining next steps.

In case of any questions or significant changes, please get in touch at emotional.health.triage@westberks.gov.uk or **01635 519 018**.

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