HEART CAMHS & 18+

1st Floor

Dugdale Centre / Thomas Hardy House

39 London Road

Enfield

EN2 6DS

Telephone: 0208 132 0322

Email: Beh-tr.enfieldcamhsheart@nhs.net

**REFERRAL FORM**

## Basic Referral Information

|  |  |
| --- | --- |
| **Referrer’s name:**  | **Child’s/YP’s full name:**  |
| **Referrer’s Department:**  | **Is the child/YP male or female?**  |
| **Date of referral:**  | **Child’s/YP’s age:****Date of Birth:**  |

## Basic Child/YP Information

|  |
| --- |
| **Name of foster carers/guardians:**  |
| **Current placement address:** |
| **Age of child/YP when coming into care:**  |
| **How many years in current placement?**  | **Since – Date/Month:** |
| **Legal Status (Please tick the one that** **applies):** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S20 | ICO | CO | SGO | Other, what? |
|  |  |  |  |  |

 |  |
|  |
| **School Name/Address/Telephone Number:**  |
| **Key person at school:**  |
| **Does the child/YP have an EHCP? Yes/No**  |
| **Year EHCP was first granted:** **Date of** **EHCP renewal:**  |

Child’s/YP’s background information

|  |  |
| --- | --- |
| **Birth parents:** | **Ethnicity of child/YP:** |
| **Does the young person have siblings and how the young person is related or in contact with his/her siblings now?** | **Country of Origin:**  |
| **Other key relatives involved:** | **Is this child/YP a refugee/ unaccompanied minor?**  |

**Safeguarding and Risk assessment**

|  |
| --- |
| **Background history:** |
| **Why did the child/YP come into care?** |
| **What has the child/YP experienced?** Please tick all that apply

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Neglect | Emotional abuse | Physical abuse | Sexual abuse | Parental domestic violence | Parental substance misuse | Parental mental health difficulties |
|  |  |  |  |  |  |  |

 |
| Other: |
| **How many placements has the child/YP had?**  |
| **Who else lives in the placement?** |
| **What are the young person strength/protective factors?** |
| **What are you worried about?** (Please indicate Yes or No)

|  |  |
| --- | --- |
| **Depression/Low mood**  |  |
| **Anxiety**  |  |
| **PTSD** |  |
| **Psychosis** |  |
| **ADHD** |  |
| **ASD** |  |
| **Self Confidence**  |  |
| **Behavioural issues** |  |
| **Sexualised behaviour**  |  |

**Brief description of current presentation:** |
| **What support the young person received so far and what are the outcomes?** |
| **What service will be best to meet the young person needs?****(Please indicate Yes or No) – This will be determined by MDT and the clinical assessment.****Diagnosis Yes /No****Instep – Foster Carer Support Yes/No****1-2-1 therapy for child Yes/No****Consultation with Social Worker Yes/No** **Family Therapy Yes/No****18+ Service Yes/No****Other:** |
| **Does the child/YP smoke?**  | **Yes/No**  |
| **Does the child/YP present with any risks to others?** | **Yes/No**  |
| **Is the child/YP exposed to any risk?** | **Yes/No** |
| **Is the child/YP exposed to any domestic violence?**  | **Yes/No** |
| **Is the child/YP involved in any criminal activities?** | **Yes/No** |

Professional Network Information

|  |  |
| --- | --- |
| **Name of foster carers/guardians:**  | **Social worker:**  |
| **Address of placement:** | **Social work manager’s contact details:**  |
| **Phone number of foster carer/guardians:**  | **IRO:**  |
| **Email of foster carer/guardians:**  | **Are other agencies involved (e.g., YOS, counselling)?**  |
| **GP Surgery Name:** | **GP Address:** |

**Important Notes: Without client signed consent the referral can not procee on NHS system. Please make sure you gain Consent for referral and treatment from the children young people.**

Have you contacted the child and the young person GP as primary care provider for any concerned mentioned above?

Please return this completed form to: BEH-tr.EnfieldCAMHSHEART@nhs.net **along with the below SIGNED consent form.**

**CONSENT FORM**

The HEART Team’s requires:

1. The below consent form to be signed by the child/YP **(if the child/YP is over the age of 14)**
2. The below consent form signed by the foster carer(s)/guardian(s) **(if the referral is for foster carer/guardian support).**
3. Verbal consent is obtained from the child/YP **(if the child/YP is under the age of 14)** and this needs to be clearly documented within the contents of the referral form. The foster carer(s)/guardian(s) are required to countersign below.
4. A clear reason for referral needs to be included in the referral form.

Consent is vital, as the child/YP/foster carers/guardian’s need to be aware of and be committed to therapy. It may have a negative effect on the therapeutic relationship if they are contacted by HEART and have no knowledge of the referral.

**Please note:** There can be no NHS clinical responsibility for this referral until this form is signed by the above relevant signatories.

**CONSENT FORM**

**Name of child/YP:**

**Date of Birth:**

**Name of Foster Carer/Guardian:**

**Name of Social Worker:**

**Date of Consent:**

**CONSENT TO TREATMENT**

*I agree:*

* To attend appointments for my emotional well-being
* To discuss an ongoing plan of assessment and treatment
* To discuss any risks and agree the purpose of the treatment plan

*I understand that:*

* I am not obliged to give consent and, if I do not, this will not affect any future treatment on the NHS
* I can withdraw from treatment at any time, but it is best for me to discuss this with my clinician first

*Foster carer/Guardian for children* ***under the age of 14*** *to countersign* *their agreement to the above consent to treatment OR to sign on the child/young person’s behalf.*

***Children/YP over the age of 14 are required to sign their agreement to the above consent to treatment.***

Signed: Foster Carer/Guardian 🗆

Signed: Child/Young person 🗆

Signed: ………………………………………………………………………………………………… Social worker 🗆

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As part of our work with a child or young person and their family, it is often helpful to contact other professionals involved. We are asking for your consent to allow us to request and share information with these services where necessary.

We are required to keep your GP informed about your contact with this service.

Signed: Foster Carer/Guardian 🗆 Young person 🗆 Social Worker 🗆

Name: