

COMPLETING A CAMHS REFERRAL



Hampshire Child and Adolescent
Mental Health Services

Hampshire CAMHS Referral Form



Young Person Details

Forename*

Surname*

Also known as

Date of Birth*

DD

MM

YYYY

NHS Number*

Gender*

Please Select



Sexual Orientation*

Please Select



Address at which the child/young person is currently living

Address Line 1*

Address Line 2

City*

County*

[Accessibility Tools](#)



**Hampshire Child and Adolescent
Mental Health Services**

City*

County*

Postcode*

Landline/Home Telephone Number*

Child/Young Person Mobile Number

If appropriate.

In the interests of the environment and costs to the service, we would like to email correspondence and appropriate documentation to you. Do you consent to us using your email address for these purposes?

I consent?*

☐

Yes

☐

No

Please select the most relevant option: *

☐

I am the person being referred (Self-referral)

☐

I am the parent/guardian of the person being referred

☐

I am a professional completing a referral on behalf of the young person/parent/guardian

Next



Referral Consent

Does the Parent/Carer know about the referral?*

☐ Yes

☐ No

If no, please give reason

Does the Parent/Carer consent to the referral?*

☐ Yes

☐ No

If no, please give reason

Does the Child/Young Person know about the referral?*

☐ Yes

☐ No

If no, please give reason

Does the Child/Young Person consent to the referral?*

☐ Yes

☐ No

If no, please give reason

Does the Child/Young Person consent to be contacted about the referral?*

☐ Yes

☐ No

If no, please give reason

Does the Child/Young Person/Parent/Carer give consent to forward the referral to the appropriate external agency E.g. Children's Services, Education, Voluntary sector?*

☐ Yes

☐ No

If no, please give reason

Do we have your permission to share information with any other family member? (If yes please provide detail)*

☐ Yes

☐ No

If no, please give reason

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Mental Health Needs and Concerns

Select up to 3 main reasons for referral*



Anxiety

How long has this been happening, how severe is it, how is this affecting the young persons life?*



Depression/low mood



Relationships



Unexplained developmental concerns ie Autism, ADHD



Eating Disorder



Disturbed by traumatic event

Reason for referral Other

What is/are the current presenting risks? How is this being managed by family and school? E.g. behaviours that endanger self or others*

What has already been tried to manage the difficulties? E.g. What help has been given, what self-help strategies have been used? How did this help? (This may include EP, SALT, Children's Services or Early Help Hub)*

What is the current impact? (Please include detail of impact on young person, family, school and day-to-day functioning)*

What is the current impact? (Please include detail of impact on young person, family, school and day-to-day functioning)*

Relevant medical history*

What do you hope to get from CAMHS?*

Is the young person on any current medication?*

☐ Yes☐ No

Are there any concerns relating to substance use?*

☐ Yes☐ No

Are there any concerns relating to eating problems?*

☐ Yes☐ No

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Young Person Details

Is the child/young person (please select all that apply)*

- ☐ Living with parent/s
- ☐ Living with relative/s
- ☐ Living with Other i.e. friend/s
- ☐ Looked After Child
- ☐ Subject to a Child Protection Plan
- ☐ Child in need
- ☐ Adopted

Young Person Details Continued

First language*

Does the child/young person have a disability?*

- ☐ Yes ☐ No

Is the child/young person a Young Carer?*

- ☐ Yes ☐ No

Will any changes be required in order for the child/young person to access CAMHS (such as communication or environment)*

Does the child/ young person or the parent/ carer require an interpreter?*

- ☐ Yes ☐ No

Name of GP*

GP surgery name*

GP surgery telephone number

GP surgery email address



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Mental Health Services**

Does the child/ young person or the parent/ carer require an interpreter?*

☐ Yes

☐ No

Name of GP*


GP surgery name*

GP surgery telephone number

GP surgery email address

GP surgery address*

Ethnicity:*

Please Select 

Religion*

Please Select 

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Parent/Carer Details

Title*

Forename*

Surname*

Relationship*

Telephone number*

In the interests of the environment and costs to the service, we would like to email correspondence and appropriate documentation to you. Do you consent to us using this email address for these purposes?

I consent?*

☐ Yes☐ No

Address*

Is permission given for parent/ carer to be contacted?*

☐ Yes☐ No

Is there any history of parental mental health difficulties and/or history of substance misuse?*

☐ Yes☐ No

Are there any adult services currently involved?*

☐ Yes☐ No

Do you wish to submit a second set of parent/ carer details?*

☐ Yes☐ No

Other Service's Contact Details

Are there any other services or contacts that we should know about?*

☐ Yes☐ No

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Education/Not in Education (NEET)

Please complete where relevant

Is the child/young person*

☐

In school/college

☐

Home schooled/tutor

☐

In training/employment

☐

Not currently in education

Does the child/young person have learning difficulties?*

☐

Yes

☐

No

Does the child/young person have special educational needs or disabilities (SEND)?*

☐

Yes

☐

No

Is there an education and health care plan (EHCP)?*

☐

Yes

☐

No

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12345678

Referrer Details

Name*

Job title/profession

Address*

Postcode*

Telephone number*

Email address*

Date of referral*

12

10

2022

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12345678

Terms and Conditions

On receipt of the referral we will consider whether or not a specialist mental health service may be the most appropriate service. If an appointment is offered this will be prioritised based on the presenting need. There are a number of things that can be done whilst the family wait for an appointment. Please [click here](#) for more information. If you are concerned about a deterioration in presentation please call one of our SPA teams on **0300 304 0050** between 9am and 2pm. You may also email us on SPNT.HantsCamhsSpa@nhs.net. Please support the family in accessing this support and let us know if there is a deterioration in the young person's presentation.

The information you have provided will only be used for the purpose of receiving your referral and contacting you for further information about your referral. Your information will not be shared with anyone else without your consent. Information will be held as a part of the service user's record in line with the NHS Records Management Code of Practice. For more information on how we use your information, please see our [privacy policy](#).

☐ I have read and agree with the above terms and conditions and agree with this website's [privacy policy](#).

PreviousSubmit



Hampshire Child and Adolescent
Mental Health Services

SPA

Hampshire CAMHS' Single Point of Access



Clinical decision making & appropriate outcomes:

CAMHS Thresholds.pdf - Adobe Acrobat Reader DC (32-bit)

File Edit View Sign Window Help

Home Tools CAMHS Threshold... x

1 / 2 43.9%

Threshold Guidance

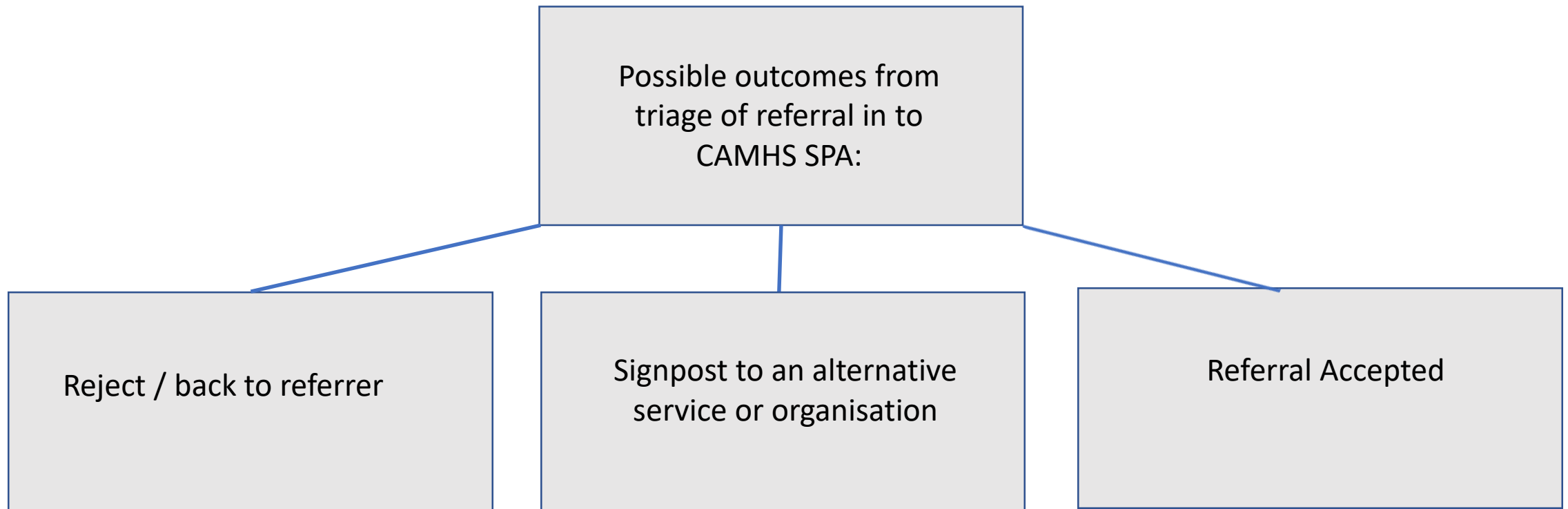
Hampshire Child and Adolescent Mental Health Service

	Getting Advice (see CAMHS referral)	Getting Help	Getting Risk Support	Getting More Help
	Level 1 (Enhanced, Level 2 (Early Help))	Level 3 (Targeted)	Level 4 (Severe mental health disorders)	Level 5 (Severe mental health disorders)
Presenting Difficulty	<ul style="list-style-type: none"> Anger outbursts Anxiety Beginning to isolate self from peers and activities Difficulties separating from caregiver Feeling 'fed up' Friend issues (significant) Low Self Esteem Over activity Parental Anxiety Sleep Disturbance (difficulty getting to sleep or staying asleep) Superficial Self Harm 	<ul style="list-style-type: none"> Complex Trauma Depressive Symptoms Eating issues (change in weight/body habits, negative body image, purging or bingeing) Hyperactivity (levels of over activity and impulsivity above what would be expected and present in all settings) Increased levels of self harm Mood Disturbance Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking) Severe Anxiety Some thoughts of ending life with no plan or intent 	<ul style="list-style-type: none"> Complex Trauma Delusional thoughts (paranoid thoughts, thinking they are someone else) Increased levels and risk associated with self-harm Psychotic symptoms (hearing and/or appearing to respond to voices, visual hallucinations) Suicidal ideation with plan and intent Thoughts of harming others or actual harm/violent behaviours towards others and associated mental health disorder 	<ul style="list-style-type: none"> Symptoms described in Getting Help and Getting Risk support which require specialist intervention Difficulties have been assessed and a care plan has been developed with the relevant CAMHS team.
Context	<ul style="list-style-type: none"> Isolation Housing and home environment Inconsistent care arrangements Increased parenting Parental Mental Health needs Poor parent-child relationship Poor response to emergency needs Risk of relationship breakdown School issues 	<ul style="list-style-type: none"> Those areas identified in 'Getting Advice' plus: Child in Care Child in Need Child with a diagnosed Learning Disability Persistent problems in all areas of school Reduced attendance at school Reduced access to positive social relationships and activities 	<ul style="list-style-type: none"> Those identified in 'Getting Help' plus: Family breakdown Increase in risky relationships Non-adherence to school Relationship breakdown Social isolation 	<ul style="list-style-type: none"> Those identified in 'Getting Risk Support'.
Severity	<ul style="list-style-type: none"> Disproportionate Disruptive Distressing Duration <p>Symptoms are shown in some but not all environments</p>	<ul style="list-style-type: none"> Disproportionate Disruptive Distressing Duration <p>beyond that which is usual for a child's age and stage of development across all environments to young person and family and not reduced with interventions tried</p> <p>Symptoms are present in all areas of life</p>	<ul style="list-style-type: none"> Disproportionate Disruptive Distressing Duration <p>beyond that which is usual for a child's age and stage of development across all environments to young person and family and not reduced with interventions tried</p> <p>Symptoms are present in all areas of life plus:</p> <ul style="list-style-type: none"> Increased risk of harm to self and/or others Young person not able to engage in treatment Increased concern of the network around the young person 	<ul style="list-style-type: none"> Those identified in 'Getting Risk Support' and the young person and/or family has been assessed as being able to engage in direct therapeutic interventions.

Service provided by Sussex Partnership NHS Foundation Trust

Type here to search

21:36 11/10/2022



Callie



Hampshire Child and Adolescent
Mental Health Services

‘Callie’ (9) has become increasingly distressed before school over the past few months; she gets tearful and complains about stomach aches and headaches and is increasingly clingy, not wanting to leave her mum in the playground in the mornings. At home, she finds it difficult to tolerate having her parents on a different floor of the house from herself and has stopped going on playdates. She has missed several days of school when the anxiety has been at its worst, which is frustrating and upsetting for her parents as school have been very concerned about her attendance.



Signposting



Self harm
Anxiety
ASC
DA/DV
Relationships
Eating difficulties
Substance misuse
Behaviour
Trauma
Gender identity
ADHD
Low mood /depression

Consider:

Concerns about her behaviour.

Signs of anxiety, very low self esteem.

Known Asperger's syndrome.

Spends all the time in bed since September - since moving to secondary school - just started year 7.

Concerned about the way she looks - she needs to feel perfect before going out, spends hours staring in the mirror.

No vomiting, no signs of bulimia or anorexia.

Very self conscious.

Addicted to her phone.

Fussy eater.

Sleeping ok- but stays up late.

Performance in school - doing ok when there.

Gets along with friends ok.

Does not seem to have coped with secondary school transition, onset of puberty.



Consider:



**Hampshire Child and Adolescent
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x is age 9 and would like help with feeling useless and high anxiety.

Consider:

Impulsive behaviour - often violent in nature. Struggles to control fidgeting. Father worries about ADHD as possibility. Had traumatic past with mother who is now in a Psychiatric hospital, she is no longer legal guardian of X. She attacked X as a 6 year old and there was a court case associated with this. Possible asphyxiation as a child. X is very bright, able to describe how he feels and how he has a good and a bad side and how sad his good side feels after he has done bad stuff. Sometimes attacks his sister, he dislikes that this happens. Dad describes X as very loving overall despite these bad episodes. Struggles at school, can't concentrate, and spends time out of class in quiet room and with the deputy head to keep calm. Poorly modulated behaviour. ?ADHD Now age 10, previously worked with a therapist x1 year and this was supportive, School have provided ELSA. There has been previous children's services involvement.

ACCEPTED



Hampshire Child and Adolescent
Mental Health Services

Initial Assessment

Approximately 1.5 hour comprehensive interview that includes:

- History taking:
 - Family structure
 - Developmental history
 - mental health concern
- Current Functioning:
 - Home life
 - Friendship
 - Academic progress
- ASC Screening if appropriate

