

Referrals to Single Point of Access, Merton Child and Adolescent Mental Health Services

Please send this form and any attachments by secure email to ssg-tr.spamertoncamhs@nhs.net

The CAMHS team can be contacted on 0800 292 2505 or fax 0203 784 4475

Child's Details		NHS number <small>click to add NHS number</small>	
First name of child <small>click to add name</small>		Surname <small>click to add surname</small>	
DOB <small>click here to enter DOB</small>		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address <small>click to add address</small>			
Postcode <small>click to add postcode</small>			
Tel number <small>click to add</small>		Who is number for? Parent? Child? Other? <small>click here to add</small>	
Alt number <small>click to add</small>		Child's email <small>click to add email</small>	
Parent / Guardian email <small>if email address is known click to add email</small>			
School <small>click here to enter text.</small>			
Disability <small>if possible to disclose</small> Yes <input type="checkbox"/> No <input type="checkbox"/>		Ethnicity <small>if possible to disclose</small> Select	
Details of disability <small>click here to add details</small>		If other ethnicity, enter here: <small>click to add</small>	
Looked After Child? Yes <input type="checkbox"/> No <input type="checkbox"/>		Child Protection or Safeguarding concerns? <small>click here to add details</small>	
Has child had contact with CAMHS in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If so <small>click to add details</small>			

Referrer's Details		Name <small>click to add name</small>	
Organisation <small>click to add organisation</small>			
Address <small>click to add address</small>			
Tel <small>click to add telephone</small>	Fax <small>click to add fax</small>	email <small>click to add email</small>	
Alternative contact person and contact details <small>click to add details</small>			

GP Details <small>if different from above</small>		Name of GP <small>click to add name</small>	
Address <small>click to add address</small>		Practice name <small>select Practice name</small>	
Tel <small>click to add telephone</small>		email <small>click to add email</small>	

Family Members <small>if known</small>			
Surname	First name	Relationship to Child	Date of Birth
surname	first name	relationship	DOB
surname	first name	relationship	DOB
surname	first name	relationship	DOB
surname	first name	relationship	DOB
surname	first name	relationship	DOB

Presenting problem or issue — include as much detail as possible, or attach letter

click here to describe presenting problem

Brief history of problem — include as much detail as possible, or attach letter

click here to give brief history

Impact of problem on the family — include as much detail as possible, or attach letter

click here to enter text

Other sources of stress facing the family — include as much detail as possible, or attach letter

click here to enter text

click here to enter text

Other professions currently involved if known

Name of Professional	Organisation	Phone number	Email address
click to add name	click to add	click to add	click to add
click to add name	click to add	click to add	click to add
click to add name	click to add	click to add	click to add

List any interventions that have already been attempted, by who, and attach reports

click to add interventions

click to add interventions

Parent or Guardian details Are parents aware of referral? Yes ☐ No ☐

If no, please explain click to explain

What do parents expect from this referral? (if known) click here to enter text

What does child expect from this referral? (if known) click here to enter text

What do you as the referrer expect from this referral? (if known) click here to enter text

Level of Concern (refer to guidance) Routine ☐ Moderate ☐ High ☐

Why? click to give reasons

E-signature of referrer click here to e-sign

Date click here to enter date

In signing this form on behalf of the parent or guardian, you are confirming that consent is given for South West London and St George's Mental Health Trust – Merton CAMHS to share the referral information as outlined in this document with other agencies.

E-signature to confirm parent / guardian has consented
click here to e-sign

Date click here to enter
date