



Wiltshire Comprehensive CAMHS Referral (CCR)

Telephone Consultation You may wish to telephone Healthy Minds for a consultation before making a referral.

For emergency or urgent referrals you will need to contact the Duty Clinician for your local Specialist CAMHS Team:

Melksham 01225 905050
Salisbury 01722 336262 ext 2779
Marlborough 01672 684111

Healthy Minds (North)
357 Hungerdown Lane
Chippenham
Wiltshire
SN14 0UY
Tel : 01249 444321
Fax : 01249 445959

Healthy Minds (East)
Wiltshire Council Browfort
Bath Road
Deveses
SN10 2AT
Tel : 01380 735777
Fax : 01380 735771

Healthy Minds (South)
Riverside Children's Resource Centre
29 Churchfields Road
Salisbury
Wiltshire
SP2 7NH
Tel : 01722 333552
Fax : 01722 422052

Healthy Minds (West)
Lowbourn House
Lowbourn
Melksham
Wiltshire
SN12 7DX
Tel : 01225 709777
Fax : 01225 790418

Name of child/young person:

Please indicate if you desire a specific service:

Healthy Minds

Specialist CAMHS

Outreach Service for Children and Adolescents (OSCA)

CAMHS Learning Disabilities Service

Completing this form does not guarantee a service

To be completed by office personnel

Person screening case

Decision made

Date

Comments

Section 1: Child/young person and family details

1(a) About the child/young person

Given name

Family name

Also known as

Date of birth

Age

Male

Female

Ethnicity

First language

Home address (including postcode)

Postcode

Telephone or contact details

Current educational setting name and address (if not referrer)

Telephone or contact details

Current General Practitioner name and address (if not referrer)

Telephone or contact details

NHS No:

Child/young person aware of the referral?

Yes

No

Child/young person consent for this referral?

Yes

No

1(b) About the parents/carers

Name	Relationship	Contact details	Parental Responsibility?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2: Identify needs and concerns (please refer to CAMHS criteria)

2(a) The referrer

Why are you making this referral?

2(b) Child/young person

What do you want to happen as result of this referral?

2(c) Parents/carers

What do you want to happen as result of this referral?

Section 3: Other agencies involved

3(a) Please tick if working with/have worked with child/young person / family

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Nursery/Pre School | <input type="checkbox"/> CAMHS / Healthy Minds | <input type="checkbox"/> Connexions PA | <input type="checkbox"/> Health Visitor |
| <input type="checkbox"/> School Nurse/ LD Nurse | <input type="checkbox"/> Youth Offending Team | <input type="checkbox"/> Education Psychologist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Inclusion/ Learning Support | <input type="checkbox"/> Education Welfare Officer | <input type="checkbox"/> Behaviour Support Services | |
| <input type="checkbox"/> Other please state _____ | | | |

3(b) For each agency currently working with the child/young person/family please provide the following details. Use 2nd sheet if necessary.

Start Date	Agency	Name and Role	Tel Contact Nos

Section 4: Referrer's details

Name _____

Job Title _____

Agency _____

Address _____

Postcode _____

Contact details _____

Signature _____

Date of referral _____

Section 5: Consent **IMPORTANT: Please complete**

We would like your consent to contact any one of the agencies listed on the front sheet and refer on as appropriate.
 We may also want to contact other agencies that know you, such as your school or GP, to help us provide a better service to you.
 We will ensure that your personal information is kept confidential, unless there are specific concerns that require us to share your details. You will be told of this.

5(a) I agree to information being shared between agencies to help me/my child:

Name of child /young person _____

Signature _____

Date _____

Signature parent/carer _____

Date _____

4(a) Has this form been copied to parents?

- Yes No

4(b) Has this form been copied to the young person?

- Yes No

5(b) If no consent please state why: