

Multiagency Emotional Health Triage Referral Form

Please fill in this form fully as we are unable to access information from healthcare and other systems. If the form is not completely fully, we reserve the right to reject the referral.

Referral Details	
Name of Child/Young Person	Date of Birth
Address	Age
School or College	Referral Date
GP Name and Surgery	
Referrer Name	
Relationship to Child/young Person	
Referrer Address	
Referrer Contact Number	
Referrer Email	
<p>Has consent to share information with the NHS and other organisations been obtained by parent/guardian? Yes No</p> <p><i>Without this consent we may not be able to offer you a service</i></p> <p>To see how we use and store your personal information in line with GDPR please read our privacy notice - www.westberks.gov.uk/pneha</p> <p>Does the child/young person consent to support? Yes No</p>	

Reason for referral (please include as much detail as possible including symptoms, duration, potential triggers and effects on young person/family)

Please indicate whether there has been involvement from the following services for the child / young person or the family:

	Yes/No	When	Details
CAMHS			
Children and Family Services			
Educational Psychologist			
School SENCO or Family Support Worker			
Other – please name			

Does the child or young person have an Education Health Care Plan? Yes No

Are they a Young Carer? Yes No

Family / Household Details

Provide details of ALL others living in the household (parents & all children)

Name	DOB/ EDD	Relationship to child	PR	Gender	Ethnicity	Religion/ practicing

Contact Details for Family

Name:

Telephone:

Email:

Please provide further information below. Please provide as much information as you are able, as this will help the panel to recommend the right support for you, or the child or young person being referred.

This section is best completed with the help of the child/young person or their family.

When thinking about the situation facing this child, young person or their family:

What's working well?

What would the child/young person like to happen?

What other supports are already in place?

What will be different if things are better?

Please mark on the scale below what you believe is the young person's risk of harm to self or others:



If a rating of High or Very High Risk is given please call CAMHS CPE directly on **0300 365 1234**.

Please provide a reason for your rating:

Please share any information this form has missed which you feel is relevant:

Signature of the parent or guardian (if present):

Signature of the child or young person (if present):

After completing the referral form email to:

Emotional Health Triage Coordinator at **Emotional.Health.Triage@westberks.gov.uk**

Or post to: **Emotional Health Triage, Emotional Health Academy, West Berkshire Council, West Street House, West Street, Newbury, Berkshire RG14 1BZ**

If you have any questions please call the Emotional Health Triage Coordinator on **01635 519018**.