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| **REFERRAL FORM FOR AN ASSESSMENT****FOR CHILDREN & YOUNG PEOPLE WITH SUSPECTED****NEURODEVELOPMENTAL / NEURODISABILITY CONDITIONS****CAMHS** |

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| 1. **CHILD’S / YOUNG PERSON’S DETAILS**
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| **First name(s):** |  | **Surname:** |  |
| **Name that the child wishes to be known by:** |       |
| **Date of birth:** |       | **Age:** |       |
| **Gender:** | Male [ ] Female [ ]  | **Is the gender of the child the same as it was at birth?** | Yes [ ] No [ ]  |
| **First language:** |       | **Interpreter:** | Yes [ ]  No [ ]  |
| **NHS Number:** |       | **GP name/address:** |       |
| **Home address:** |       |
| **Home number:** |       | **Mobile number:** |       |
| **Email:** |       | **Preferred method of contact:** | Mobile [ ] Email [ ] Post [ ]  |
| **School:** | **Key person:** |

| 1. **OTHER AGENCY INVOLVEMENT**

Please list all agencies already involved /or that have been referred to |
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| **Agency involved/referral** | **Name of professional** | **Contact details** |
|       |       |       |
|       |       |       |

1. **ANY PREVIOUS NEURODEVELOPMENT ASSESSMENT**

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| **Date** | **Outcome and professional involved** |
|       |       |
|       |       |

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| **Specific difficulty** | **Parent Opinion** | **CAMHS opinion** |
| **ADHD**Yes [ ]  No [ ]  |  |  |
| **ASD**Yes [ ]  No [ ]  |  |  |
| **Presenting Mental Health Conditions (including those formally diagnosed – please also comment on risk)** |  |  |
| CAMHS involvement to date |  |  |

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|  | **Parents Opinion** | **CAMHS opinion** |
| Features of neurodevelopmental condition observed: |  |  |

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| 1. **CONSENT**

Signed consent must be obtained from the child/young person or from the person with parental responsibility for the referral to be accepted. |
| 1. **CHILD / YOUNG PERSON’S CONSENT**

**Gillick competent**Children under the age of **16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment**. This is known as being Gillick competent. Otherwise, someone with parental responsibility can consent for them.**Further information can be found here:** [**https://www.nhs.uk/conditions/consent-to-treatment/children/**](https://www.nhs.uk/conditions/consent-to-treatment/children/)**)**  |
| **Has the child / young person consented to the referral?** Yes [ ]  No [ ]  |
| **If No please detail why:**      |
| 1. **PERSON WITH PARENTAL RESPONSIBILITY**
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| **Has the person with parental responsibility consented to the referral?** Yes [ ]  No [ ]  |
| **If No has the child/young person given consent:**Yes [ ]  No [ ]  |

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| **REFERRER** |
| **Full name:** |       | **Job title:** |       |
| **Date:** |       | **Base:** |       |