Mental Health Waiting List Parent Support Group

Referral form

Brandon Centre in partnership with mind in London Local Minds working in partnership

Please email this referral form to: parentsupport@mindeb.org.uk

For any enquiries please phone: 07535 00339 or 020 8343 5705

Exclusion crieria: please ensure that none of the below are applicable:

Parent needs an interpreter: Yes ☐ No ☐

Child has co-morbid eating disorder, Autism or moderate to severe learning difficulty, mental health difficulty other than low mood/ depression, anxiety, self-harm, suicidality: Yes ☐ No ☐

Which CAMHS team is the YP on the waiting list for: e.g. Camden, Richmond etc.	
Date of referral:	
Name of referrer:	
Referrer contact number:	Referrer email address:
Service of referrer (if not self-referral):	
For admin to complete: Referral received by:	
Date the referral was received:	

Young Person's Details			
Full name:		Date of Birth	DD / MM /RRRR
Ethnicity:	White ☐ Asian or Asian British ☐ Black, Black British, Caribbean or African ☐ Mixed or multiple ethnic groups ☐ Other ☐		
Gender:	Male ☐ Female ☐ Other ☐		
Address:			
GP:			
Main presenting mental health difficulty please select all that are relevant:	Low mood/depression ☐ Anxiety ☐ Self-harm ☐ Suicidality ☐		
Any other services/professionals involved other than CAMHS e.g. social worker?			

Do you have any objections to our service disclosing routine information and updates to the services currently involved in the care of your family such as GP or CAMHS? Yes/No, if yes, please list services you object to. Please note that some disclosures will have to be made to appropriate services if there are serious safeguarding or risk concerns, regardless of objection.

Yes ☐ No ☐

If yes, please list services: _____

_____

Parent / Guardian (1)			
First Name:		Surname	
Relationship to the child:			
Ethnicity:	White ☐ Asian or Asian British ☐ Black, Black British, Caribbean or African ☐ Mixed or multiple ethnic groups ☐ Other ☐		
Address if different to young person's:			
Telephone number(s):			
Email:			
GP:			
Disability:			
Availability for group. *Please note this is subject to availability and not guaranteed*	Morning ☐	Afternoon ☐	Evening ☐

Parent / Guardian (2)			
First Name:		Surname	
Relationship to the child:			
Ethnicity:	White ☐ Asian or Asian British ☐ Black, Black British, Caribbean or African ☐ Mixed or multiple ethnic groups ☐ Other ☐		
Address if different to young person's:			
Telephone number(s):			
Email:			
GP:			
Disability:			
Availability for group. *Please note this is subject to availability and not guaranteed*	Morning ☐	Afternoon ☐	Evening ☐