**Child and Adolescent Mental Health Service**

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| **Referral Form – The Meadows Trauma Service**  | **Date of Referral**  |
| We will accept referrals in different formats, e.g. referral letter, but if you wish to do this, please use the form as a guide to the information we will require, including details of alleged abuse, family background and current concerns.**Please return the completed form to:****Loth.camhsmeadows@nhs.scot** **– for Edinburgh, East & Mid Lothian Referrals****Loth.camhsmeadowswest@nhs.scot** **– for West Lothian Referrals****\*If the referral is accepted, an assessment appointment will be offered normally within 6 weeks. Following this, if appropriate, the child/young person will be placed on our treatment waiting list.****\*Please report any unreported child protection concerns prior to referring.** |
| **Child/Young Persons Details** |
| **Name** | **Date of Birth****CHI: (if known)** |
| **Address** | **Home Telephone** **Mobile****Contact Via Social Worker** **Name****Telephone** |
| **Referrer’s Name & Designation** | **Referrers Address, Email & Contact number** |
| **GP Name** | **Practice Address**  |
| **Required Information** | **Yes** | **No** |
| Has the young person/parent consented to the referral to Meadows?  |  |  |
| Is social work involved?  |  |  |
| If an unaccompanied refugee/asylum seeker, do they need someone tosupport them to the appointment?  |  |  |
| If yes, who would be the best person to do this? Name:Contact details: |
| Is an interpreter required?  |  |  |
| If so, what is the preferred Language? |
|  | **Current** | **Past** | **Never** |
| Is the child on the Child Protection Register? |  |  |  |
| Care Experience Child? |  |  |  |
| If Current, what is the Looked After status | **Yes** | **No** |
| * At Home (i.e. on Supervision Order)
 |  |  |
| * Kinship Care Placement
 |  |  |
| * Foster Care Placement
 |  |  |
| * Residential Placement
 |  |  |
| **Allocated Social Worker****(if applicable)** | **Contact Details** |
| **Key Worker****(if applicable)** | **Contact Details**  |
| **Family /Household Composition****Name** | **Age** | **Relationship to child/young person** |
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| **Reason for Referral – please include****Sexual Abuse:** **Please give details of any disclosures including who the alleged perpetrator is, their age and relationship to the alleged victim, stage of any police investigate, current concerns****Unaccompanied refugee/asylum seeker minors:****Please let us know how long they have been in the UK and information about their current functioning and concerns/distress****Children/Young People with problematic/harmful sexual behaviour****Please include the specific nature of the behaviour; if sexualised language, what the child said; ages and relationship with victim(s); where incidents occurred; if there was aggression, coercion or violence; any online behaviours; whether child/young person admits or denies the behaviour; stage of any police/court proceedings, if there is a safety plan.** |
| **Referral Details**  |
| **Family Background Information - Please provide as much background information as possible** |
| **Other Key Professionals Involved** |
| Name | Designation and Agency |
| Name | Designation and Agency |
| Name | Designation and Agency |

Thank you for taking the time to complete this form.

The information is essential in allowing us to deal appropriately and efficiently with your referral.