**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**](mailto:Loth.camhsmeadows@nhs.scot) **– for Edinburgh, East & Mid Lothian Referrals**  [**Loth.camhsmeadowswest@nhs.scot**](mailto: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 to  support 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.