**CAMHS School Information Form**

Private and Confidential

**(Supporting information for CAMHS referral)**

GP - Please send this form FAO the DSP to the child / young person’s school to complete and return to you or the person and address identified below. By sending this form you are confirming that the child / young person / family are aware of the request and you have documented your discussion with them.

Populate with GP Practice details:

**About the child / young person:**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |

**School contact:**

*This is the best person for the CAMHS professional to liaise with where appropriate*

|  |  |
| --- | --- |
| Name |  |
| School |  |
| Role |  |
| Postal address |  |
| Telephone number |  |
| Secure fax number |  |
| Email address |  |

**Please describe the main concerning behaviour or symptoms exhibited at school:**

(EG how long has the problem existed, frequency of behaviour / presentation, triggers or aggravating factors, what helps etc) If there are no problems or symptoms present at school, please indicate this to prompt further investigation and consideration by the service. Please also provide any contextual information relating to the child / young person and any physical or mental health symptoms:

**Please detail interventions delivered by the school and other services and the outcome:**

**Please detail support provided by the school that could be utilised as part of a step down process if a CAMHS intervention is offered:**

**Please indicate if there are attendance difficulties:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **None** |  | **Mild** |  | **Moderate** |  | **Severe** |  |

**Please indicate if there are attainment difficulties:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **None** |  | **Mild** |  | **Moderate** |  | **Severe** |  |

**You can use this checklist to highlight concerns:**

|  |  |  |
| --- | --- | --- |
| Question | Yes | Information |
| Does the child or young person appear withdrawn, anxious, troubled, isolated, tearful, fidgety, flushed, trembling, very alert, avoiding eye contact? |  |  |
| Does the child or young person describe themselves as lonely, very sad, angry, worried, unable to concentrate, feeling picked on, disliking themselves, not wanting to be alive? |  |  |
| Has there been a reduction in attendance to school or college? |  |  |
| Is the child or young person often involved in fights or getting into trouble? |  |  |
| Has there been a gradual or sudden deterioration in school work? |  |  |
| Are there any new or concerning physical health symptoms? |  |  |
| Has there been a sudden disinterest in activities which they previously enjoyed or withdrawal from social life / interactions with friends? |  |  |
| Is the child or young person more irritable / moody than normal which could be considered out of normal range? |  |  |
| Is the child or young person feeling exhausted or tired all the time? Has there been a change in sleep pattern where the child/young person is having difficulty in sleeping or is sleeping for prolonged periods of time? |  |  |
| Has the child or young person been producing art work or creative work which is troubling? |  |  |
| For teenagers (or others where relevant), is the young person spending increasing amounts of time out late with friends where they could be misusing drugs / alcohol? |  |  |
| Has there been a change in eating habits, where the child or young person has reduced their dietary intake and started to lose weight or, have they increased the amount of food they eat and have started to put on weight? |  |  |
| Is the child or young person appearing distracted / suspicious and reporting a feeling that people are out to get them, hearing and seeing things which are not visible / audible to others? |  |  |
| Has the child or young person stopped looking after themselves adequately? |  |  |
| Is the child or young person hurting themselves on purpose or threatening to engage in risky behaviour? |  |  |
| Have they suffered a recent life event (such as a bereavement or involvement in an incident) which they are struggling to cope with? |  |  |
| Have parents any concerns about behaviour, presentation, and attitude? Are any behaviours affecting the family? |  |  |