Mental Health Waiting List Parent Support Group

Referral form

in partnership with

Brandon Centre

mind in London
Local Minds working in partnership

Please email this referral form to: _____

For any enquiries please phone: _____

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

Parent needs an interpreter:　　　Yes ☐　　　No ☐

Child has co-morbid eating disorder 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	D D / M M / R R R R
Ethnicity:				
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:			
Address if different to young person's:			
Telephone number(s):			
Email:			
GP:			
Disability:			

Parent / Guardian (2)

First Name:		Surname	
Relationship to the child:			
Ethnicity:			
Address if different to young person's:			
Telephone number(s):			
Email:			
GP:			
Disability:			

Brandon Centre