

REFERRAL FORM

Brent, Wandsworth, and Westminster MIND

Child and Young Person (CYP) Mental Health Services Referral Form

If you have any queries before making a referral or wish to discuss a recent referral, please call or

Mobile number 07771 294 296.

or email mentalhealthhub@bwwmind.org.uk

INFORMATION about the person being referred										
Surname:		Forenames:								
Ethnicity:		Nationality:								
		Religion:								
Date of birth		Name of GP and telephone number								
Gender/identity		Pronouns:								
First Language:		Interpreter needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Address:		Postcode:								
Telephone number.										
<p><i>Please supply details for the parent/carer/guardian</i></p> <p>Note: Emergency contact will only be contacted in the event of an emergency.</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Name</td> <td style="width: 80%;"></td> </tr> <tr> <td style="padding: 2px;">Relationship</td> <td></td> </tr> <tr> <td style="padding: 2px;">Phone</td> <td></td> </tr> <tr> <td style="padding: 2px;">Email</td> <td></td> </tr> </table>	Name		Relationship		Phone		Email	
Name										
Relationship										
Phone										
Email										
<p>If the CYP is under 17 years old, are they currently involved or have been involved with CAMHS or other mental health services?</p> <p><i>Please tick as appropriate:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>If answered yes: what is the name of the service and the reason for involvement?</p> <hr style="border: 0.5px solid #0070C0;"/>										
<p>Is the CYP currently or about to be referred to CAMHS?</p> <p><i>Please tick as appropriate:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>										

PARENTAL CONSENT FORM

(Required if the young person is under 16 years old – continues overleaf)

N.B For children and young people aged between 13 and 16 years, consent must be obtained from both the child/young person and parent/carer/guardian.

Consent – if this section is not completed fully, the referral will be returned to you prior to triage		
Consent for referral		
Do the parents/carer/guardians (who have parental responsibility) consent to this referral to Mind if the young person is under 16 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consent for data processing		
In order to provide this service, Mind in Brent, Wandsworth and Westminster (BWW) will need to process data relating to the child / young person, as well as their parent / carer. Do you consent to this? (N.B: this person must have legal parental responsibility for the child / young person).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consent for data sharing		
<p>Information you share with us is confidential between you, our service and your GP. The only time we will break this confidentiality is if we are concerned that there is a serious risk of harm to you or someone else. We store information on our Database system. This is confidential and cannot be accessed by anyone outside of our service. We do share anonymous information with NHS England and other statutory bodies that monitor our performance. This information may include details on the number of people we see, what type of treatment they receive, or if they recovered. This does not include your name, address, contact details etc. You have the right to opt-out of your confidential patient information being used by the NHS.</p> <p>If you wish to do so please visit the following website: https://www.nhs.uk/your-nhs-data-matters/. Alternatively, you can call 0300 303 5678 to opt out.</p>		
<p>Services with which data may be shared:</p> <ul style="list-style-type: none"> • A service that the client is already accessing / due to access / has recently accessed. • A new service (referral) that would benefit the client (<i>The client requires a different service from what is being offered by BWW Mind</i>) • NHS England’s Mental Health Services Data Set <i>This is a national data set, which collects data on all clients in England receiving emotional wellbeing and mental health services through NHS-funded interventions.</i> 		
I agree to give my consent for Brent, Wandsworth and Westminster Mind to use my anonymised feedback on the following:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • Use on printed annual reports, leaflets, or any publicity material, & in events/exhibitions • On the charity’s websites • Share with commissioning agencies 		
<p>Parent / Carer’s Name:</p> <p>Signature (required if the child is under 16):</p> <p>Date:</p>		

YOUNG PERSON CONSENT FORM

(Required if the young person is 13 years old or over)

N.B For children and young people aged between 13 and 16 years, consent must be obtained from both the child/young person and parent/carer/guardian.

Consent – if this section is not completed fully, the referral will be returned to you prior to triage		
Consent for referral		
Does the young person consent to this referral to mind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the young person is 16 years and over , does the young person consent to this referral being shared with their parents/carer/guardians?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consent for data processing		
In order to provide this service, Mind in Brent, Wandsworth and Westminster (BWW) will need to process data relating to the child / young person. Does the young person consent to this?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consent for data sharing		
<p>Information you share with us is confidential between you, our service and your GP. The only time we will break this confidentiality is if we are concerned that there is a serious risk of harm to you or someone else. We store information on our Database system. This is confidential and cannot be accessed by anyone outside of our service. We do share anonymous information with NHS England and other statutory bodies that monitor our performance. This information may include details on the number of people we see, what type of treatment they receive, or if they recovered. This does not include your name, address, contact details etc. You have the right to opt-out of your confidential patient information being used by the NHS. If you wish to do so please visit the following website: https://www.nhs.uk/your-nhs-data-matters/ Alternatively, you can call 0300 303 5678 to opt-out.</p>		
Services with which data may be shared:		
<ul style="list-style-type: none">• A service that the client is already accessing / due to access / has recently accessed.• A new service (referral) that would benefit the client (<i>The client requires a different service from what is being offered by BWW Mind</i>)• NHS England's Mental Health Services Data Set <p><i>This is a national data set, which collects data on all clients in England receiving emotional wellbeing and mental health services through NHS-funded interventions.</i></p>		
I agree to give my consent for Brent, Wandsworth and Westminster Mind to use my anonymised feedback on the following:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none">• Use on printed annual reports, leaflets or any publicity material, & in events/exhibitions• On the charity's websites• Share with commissioning agencies		
Child/Young person's Name:		
Signature (required if aged 13 or over):		
Date:		