

CHILD & ADOLESCENT MENTAL HEALTH SERVICES

INFORMATION FORM

Instructions – Please read:

It will help your child receive the best possible service if you could kindly take a few minutes to complete this form and bring it to your first appointment. With this form we have included a questionnaire asking about your child's strengths and difficulties. There is also a Strengths and Difficulties Questionnaire for your child to complete, if he/she is aged 11 to 16. Please note that we will ask you and your child to complete these questionnaires again at the end of your work with CAMHS. This will give an indication of what things have changed as a result of your involvement with CAMHS. If you have any problems completing any part of this form please contact us on 01283 505820.

Service User Involvement – Please read:

Here at CAMHS we take service improvements seriously and are really interested in involving users of our service into the planning and design of our service. We try to involve parents and children in various ways. For example, you may have the opportunity to offer your views over the phone, take part in a parent forum or even help us recruit staff for our service.

If you are interested in getting involved to improve our services or give us feedback, please scan the QR CODE below using your mobile phone

Please complete the questions below and send them back to us at

camhs.burton@mpft.nhs.uk

Also, if you are unable to complete this form or require the form in another language please contact us using the same email address or call us on 01283 505820

Child's Name:

DOB:

Address:

Who has parental responsibility for your child?

<p>1. Name: Address: (if different from child's address)</p> <p>Tel: Email:</p> <p>Consent for CAMHS to send text messages, multimedia, email (<i>please delete as appropriate</i>): Yes/No</p>	<p>2. Name: Address: (if different from child's address)</p> <p>Tel: Email:</p> <p>Consent for CAMHS to send text messages, multimedia, email (<i>please delete as appropriate</i>): Yes/No</p>
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If your child attends school, please state class and the name of their main teacher/form tutor?

Name of School	Class	Name of Main Teacher

Please answer the questions below:

Presenting Problems/Mental Health Concerns (why has the referral been made? When did the difficulties begin? etc)

Protective Factors and Coping Skills (How does the child/young person manage these problems at the moment?)

Significant Life Events (Have there been any significant life events, i.e. bereavements, births, marital separations, house moves, family breakdown, major illnesses)

Are there any concerns with education? (If yes please state)

Developmental history (Were there any concerns during pregnancy or whilst a young child?)

Medical History / Physical Health - Including previous diagnosis

What is/are the Young Person / Family / Carers hoping for from the service?

Are there any other agencies involved (Social Services, School Nurse, Education Welfare, Educational Psychologist, Paediatrician, Health Visitor, Speech & Language Therapist, Autism Spectrum Team, etc). Please specify below

Service	Contact Name	Contact details (if known)

We are required to ask all service users for their Ethnic Origin and Religion. Please note we are not asking about citizenship or nationality, but about the ethnic group and religion you feel you belong. Although the classification is entirely voluntary, we appreciate your assistance in giving this information.

All information we receive is used and treated with the strictest confidence.

Please tick the relevant box in each column.

ETHNIC GROUP	✓
Any Other Ethnic Group	
Asian/Asian British – Bangladeshi	
Asian/Asian British – Indian	
Asian/Asian British – Pakistani	
Asian/Asian British – Any Other Asian Background	
Black/Black British – African	
Black/Black British – Any Other Black Background	
Black/Black British – Caribbean	
Mixed Any Other Mixed Background	
Mixed White & Asian	
Mixed White & Black African	
Mixed White & Black Caribbean	
Other Ethnic Group – Chinese	
White – Any Other White Background	
White – British	
White – Irish	

RELIGION	✓
Baptist	
Buddhism	
Christian (Non-Catholic, Non-Specific)	
Church of England	
Church of Scotland	
Hinduism	
Islam	
Jehovah's Witnesses	
Judaism	
Latter Day Saints	
Methodism	
Pentecostal	
Reformed/Presbyterian	
Roman Catholic Church	
Sikhism	
Not Specified	