**Self-Referral Form - Parents/Carers can refer on behalf of a child or young person between the ages of 0-18 yrs**

***Where possible this information on this form will remain confidential unless we think a responsible adult or professional needs to know.***

Please fill in the form and send it back to the email below. If you have difficulties reading or writing please call **01525 638614**

and a clinician will call you between **Monday and Friday** between **09:00 – 17:00hrs.**

Once completed, please email the form to – elft.luton-southcamhs-spoe@nhs.net

**If it is an emergency please go to A&E or tell a responsible adult or someone you trust.**

**In non emergencies please contact NHS 111 which is an out of hours services.**

**Name …………………………………………………………………………………..……..**

**Date of Birth ……………….………………………..……….…… Age ……………………**

**Address ……………….…………………………..…………………..…………………………...**

**…………………………………………………….………. Postcode….………………..………**

**NHS NUMBER…………………………………………………….**

**Phone Numbers: Mobile ……………….………. Home ………………………………..…**

**Email Address……………………………………………………………………………….……..**

**How would you like us to contact you? …………………………………………………..…**

**If someone else picks up who can we say we are, if you don’t want them to know its CAMHS calling? ……………………………………..**

**Can we contact your parents or carers regarding this referral? ……..……..……..…**

**What is the name of your GP? ……..……..……………………………..……..…………**

**If you are in education, what school/ college do you attend?**

**…..………………………………………..……..……………………………..……..…………**

**Do you receive SEN support at Nursery/School/College? …………………………………..**

**Do you have an EHCP? …………………………………………………………………………….**

**Are you in contact with other agencies / professionals, such as social services?**

**…..………………………………………………………………………………………………**

**If yes, please let us know who**

**…..………………………………………..……..……………………………..……..…………**

**What are your main concerns at the moment?**

**How long have you been feeling like this?**

**What help would you like from this referral?**

**Please give as much detail as you can, in order to help us identify how we can help you?**

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**This section is for our monitoring purposes, please complete as much as you want to. Don’t worry if you cannot fill it in, this will not affect the support we are able to offer you.**

**Do you need an interpreter? …………………**

**If so, what language do you speak?**

**……………….……………….………………………..……….……**

**What is your ethnic origin? Please tick below.**

**Any Other Asia Background (AOTH)**

**Bangladeshi (ABAN)**

**Indian (AIND)**

**Pakistani (BAFR)**

**Black – African (BAFR)**

**Black – Caribbean (BCRB)**

**Any Other Black Background (BOTH)**

**Chinese (CHNE)**

**Any Other Mixed Background (MOTH)**

**White & Asian (MWAS)**

**White & Black African (MWBA)**

**White and Black Caribbean (MWBC)**

**Information Not Yet Obtained (NOBT)**

**Any Other Ethnic Group (OOTH)**

**Refuse (REFU)**

**Any Other White Background (WOTH)**

**White British (WBRI)**

**White Irish (WIRI)**

**Traveller of Irish Heritage (WIRT)**

**Gypsy / Roma (WROM)**

**I don’t know I would rather not share**

**What happens next?**

One of our team will be in contact with you.

If anything changes once you have completed the form and sent it to us, please call us on **T: 01525 638614**