**Self-Referral - For Bedfordshire CAMHS**

***This is confidential and at this stage, the information you give us will only be shared within our CAMHS team***

Please fill in the form and send it back to the email below. If you have difficulties reading or writing please call **01234 893362**

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

Once completed, please email us the form – **elft.spoebedfordshire@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 service.**

**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 it’s 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?**

**Yes/No**

**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 to your referral?**

East London Foundation Trust (ELFT) provides specialist CAMHS services in five boroughs; City & Hackney, Tower Hamlets, Newham, Bedfordshire and Luton.

Each service offers the same process for the safe consistency in the management of referrals; this is via a local Single Point of Entry (SPOE).

All referrals are discussed with the young person, their family, and / or the referrer in order for the specialist clinical triage team to gather all relevant information, this helps inform the team to make a detailed clinical decision regarding the most appropriate treatment pathway for your presenting need based on risk to ensure your referral receives the right help at the right time.

Once a decision has been made you will receive confirmation from the team to inform you of the outcome of your referral, this may include offering an episode of care within CAMHS or signposting to local services who are better suited to meet your needs. A copy of the clinical decision making will be sent to you and copied to your GP for continuity of care.

If anything changes once you have completed the form and sent it to us, please call us on **T: 01234 893362**