**MFT CAMHS Self-Referral Form**

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| **About this referral to CAMHS** |
| * This form is for parents/carers or young people aged 13 years and over to refer to CAMHS. If you are under 13, you can ask a parent/carer or your GP to make the referral.
* We can only see children and young people who are registered with a GP in this area
* We can only accept referrals from parents/carers who have legal responsibility for the young person.
* CAMHS is not able to provide support in an emergency. If you require immediate help, you should contact your GP or attend A&E.
* When we have received this form, we may call you for further information. We will let you know if the referral has been accepted or not and the reasons why.
* We will not be able to process your referral if you do not fully complete all sections of this form.
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| **Who is making this referral?** |
| **Are you:** □ A Young Person **Your Name:**  □ A Parent or Carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **GP Information** |
| GP’s Name: |  | GP’s Phone Number: |  |
| GP’s Address: |  | Does your GP know that you’re making this referral to CAMHS? |  |

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| **Child/Young Person’s Details:** | **If you are a Parent/Carer please complete this section:** |
| Child / YP’s Name: |  | Parent/Carer’s Name: |  |
| Date of Birth: |  |
| Child / YP’s Gender: | Male / Female / Trans | Your Relationship to the Child / YP: |  |
| Child / YP’s Ethnicity |  | Do you have legal responsibility for the Child/YP? |  |
| Child / YP’s Address: |  | Parent / Carer’s Address: |  |
| Child / YP’s Phone Number: |  | Parent / Carer’s Phone Number: |  |
| Does the Parent/Carer consent to this referral? |  | Does the Child / YP consent to this referral? |  |

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| **Other Information** |
| Name of School / College/ where you work : |  | Does they know about this referral? |  |
| Name of Social Worker and address:(if applicable) |  | Does the Social Worker know about this referral?  |  |
| **Please describe the difficulties you would like help with.** |
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| **Is anyone else concerned about these difficulties?** |
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| **How long have these difficulties been going on for?** |
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| **How do you think CAMHS can help?** |
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| **Full Name** |
|  |  |
| **Signature** | **Today’s Date** |
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**Please return to:**

**If you live in South Manchester**

**South Manchester CAMHS**

**Stratus House**

**South Moor Road**

**Wythenshawe**

**M23 9XD**

Tel:0161 902 3400

cmm-tr.SouthManchesterCamhs@nhs.net

**If you live in North Manchester**

**North Manchester CAMHS**

The Bridge

Central Park Unit C

Manchester

M40 5BP

**Tel: 0161 203 3250/3255**

cmm-tr.NorthCamhs@nhs.net

**If you live in Central Manchester**

**Central Manchester CAMHS**

The Winnicott Centre

195 – 197 Hathersage Road

Manchester

M13 0JE

**Tel: 0161 701 6880**

cmm-tr.CentralManchesterCamhs@nhs.net

**If you live in Salford**

**Salford CAMHS**

**Pendleton Gateway**

**Salford**

**M6 5FX**

Tel: 0161 211 7260

cmm-tr.Salford-CAMHS@nhs.net

**Other agencies that might be helpful:**

* Early Intervention Psychosis Service - 0161 277 6830
* Eclypse substance misuse service - 0161 273 6686
* Childline (Free, 24hrs): 08001111 - [www.childline.org.uk](https://web.nhs.net/owa/redir.aspx?C=7738a3e791504d3b8281c277c47516ea&URL=http%3a%2f%2fwww.childline.org.uk%2f)
* NSPCC/ChildLine online advice - [www.there4me.com](https://web.nhs.net/owa/redir.aspx?C=7738a3e791504d3b8281c277c47516ea&URL=http%3a%2f%2fwww.there4me.com%2f)
* Samaritans: 0345 909090 / 0161 236 8000 - [www.samaritans.org.uk](https://web.nhs.net/owa/redir.aspx?C=7738a3e791504d3b8281c277c47516ea&URL=http%3a%2f%2fwww.samaritans.org.uk%2f)
* The National Self Harm Network - [www.nshn.co.uk](http://www.nshn.co.uk)
* Kooth online advice for 10 - 25 year olds - [www.xenzone.com](http://www.xenzone.com)
* Papyrus prevention of suicide - 0800 068 4141
* 42nd Street - 0161 228 1888
* Manchester Mind – 0161 226 9907
* NHS Direct – 0845 46 47