

# Mental Health Waiting List Parent Support Group

## Referral form

**Brandon  
Centre**

in partnership with  
  
**Mind  
in London**  
Local Minds working in partnership

Please email this referral form to: \_\_\_\_\_

For any enquiries please phone: \_\_\_\_\_

Exclusion criteria: please ensure that none of the below are applicable:

Parent needs an interpreter: Yes  No

Child has co-morbid eating disorder or moderate to severe learning difficulty, mental health difficulty other than low mood/depression, anxiety, self-harm, suicidality: Yes  No

Which CAMHS team is the YP on the waiting list for: e.g. Camden, Richmond etc.			
Date of referral:			
Name of referrer:			
Referrer contact number:		Referrer email address:	
Service of referrer (if not self-referral):			
Is your child currently receiving free school meals?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>For admin to complete</b>			
Referral received by:			
Date the referral was received:			

### Young Person's Details

Full name:		Date of Birth	DD / MM / RRRR	
Ethnicity:				
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other	
Address:				
GP:				
Main presenting mental health difficulty please select all that are relevant:	Low mood/depression <input type="checkbox"/>	Anxiety <input type="checkbox"/>	Self-harm <input type="checkbox"/>	Suicidality <input type="checkbox"/>
Any other services/professionals involved other than CAMHS e.g. social worker?				

Do you have any objections to our service disclosing routine information and updates to the services currently involved in the care of your family such as GP or CAMHS? Yes/No, if yes, please list services you object to. Please note that some disclosures will have to be made to appropriate services if there are serious safeguarding or risk concerns, regardless of objection.

Yes  No

If yes, please list services: \_\_\_\_\_

## Parent / Guardian (1)

First Name:		Surname	
Relationship to the child:			
Ethnicity:			
Address if different to young person's:			
Telephone number(s):			
Email:			
GP:			
Disability:			
Availability for group. <i>Please note this is subject to availability and not guaranteed</i>	Morning <input type="checkbox"/>	Evening <input type="checkbox"/>	

## Parent / Guardian (2)

First Name:		Surname	
Relationship to the child:			
Ethnicity:			
Address if different to young person's:			
Telephone number(s):			
Email:			
GP:			
Disability:			
Availability for group. <i>Please note this is subject to availability and not guaranteed</i>	Morning <input type="checkbox"/>	Evening <input type="checkbox"/>	