NHS
Central and North West London
NHS Foundation Trust

Hillingdon Mental Health Support Team

Guided Self-Help: *Primary School Self-Referral Form*

Minet Clinic
Avondale Road
Hayes
Middlesex
UB3 3NR

Telephone: 01895256521

Email: cnwl.adminhillingdonmhstcamhs@nhs.net

CNWL share your clinical information with other healthcare professionals involved in your care to support better informed clinical treatment and help reduce clinical risk. A patient information leaflet is available on request from services and further details can be found on the trust website.

NHS
Central and North West London
NHS Foundation Trust

MHST Primary School Self-Referral Form

School Information

School	☐ Belmore Primary Academy ☐ Brookside Primary ☐ Dr Tripletts Primary ☐ Field End Junior School ☐ Grange Park Junior School ☐ Harmondsworth Primary ☐ Hayes Park Primary ☐ Hewens Primary School	☐ Pinkwell Primary School ☐ Rabbsfarm Primary School ☐ Rosedale Primary School ☐ Warrender Primary School ☐ William Byrd Primary
School Year Group		

CNWL share your clinical information with other healthcare professionals involved in your care to support better informed clinical treatment and help reduce clinical risk. A patient information leaflet is available on request from services and further details can be found on the trust website.

NHS
Central and North West London
NHS Foundation Trust

Referrer Details

Name of person making the referral	
Relationship to the child *(only referrals from parent/carer's will be accepted)*	

Child's Details

First Name	
Last Name	
GP practice name and address	
Date of Birth	
Age	
Home address	
City	
Postcode	
NHS Number *(if known)*	
Gender	
Main language spoken	
Religion	
Ethnicity/Race	

CNWL share your clinical information with other healthcare professionals involved in your care to support better informed clinical treatment and help reduce clinical risk. A patient information leaflet is available on request from services and further details can be found on the trust website.

Child's Details (Continued)

Does the child have a physical disability or health condition?	☐ Yes ☐ No
Does the child have a learning disability or difficulty?	☐ Yes ☐ No
Does the child have an Education, Health and Care plan (EHCP)?	☐ Yes ☐ No
Any previous experience of CAMHS services/diagnosis?	☐ Yes ☐ No
Any previous or current involvement from social care?	☐ Yes ☐ No
Please give details below if you answered 'yes' to any of the above questions	

CNWL share your clinical information with other healthcare professionals involved in your care to support better informed clinical treatment and help reduce clinical risk. A patient information leaflet is available on request from services and further details can be found on the trust website.

Reason for Referral

Please give a description of current difficulties and what changes you are hoping to see as a result of this referral	
Intervention type	☐ Parent-Led Behaviour Problems **(1:1)** ☐ Parent-Led Child Anxiety **(1:1)** ☐ Parent Behaviour Problems **(Group)** ☐ Parent Child Anxiety **(Group)** ☐ Unsure
Preferred Session Format *(During term time, face to face sessions will take place at your school. Whereas, during school holidays they will likely be held at the Minet Clinic, Hayes)*	☐Face to face ☐ Online ☐ Whatever is available first

CNWL share your clinical information with other healthcare professionals involved in your care to support better informed clinical treatment and help reduce clinical risk. A patient information leaflet is available on request from services and further details can be found on the trust website.

Parent/Carer Details

Parental consent is required in order to submit this self-referral form.

First Name	
Last Name	
Relationship to young person	
Phone number	
Email	
Main language spoken	
Home address *(if different from young person)*	
City	
Postcode	

CNWL share your clinical information with other healthcare professionals involved in your care to support better informed clinical treatment and help reduce clinical risk. A patient information leaflet is available on request from services and further details can be found on the trust website.

Agreement

The information provided in this form may be shared with other agencies if we are concerned for your safety or someone else	☐ I agree
Do the parents/carer/guardians (who have parental responsibility) consent to this referral if the young person is under 16 years old?	☐ Yes ☐ No ☐ Not applicable
Do the parents/carer/guardians (who have parental responsibility) consent to this referral if the young person is over 16 years old?	☐ Yes ☐ No ☐ Not applicable
If a parent/carer is completing this referral form, has the young person also given consent	☐ Yes ☐ No ☐ Not applicable
In order to provide this service, The Hillingdon Mental Health Support Team (MHST) will need to process data relating to the child / young person, as well as their parent/carer. Do you consent to this?	☐ Yes ☐ No
In order to provide a collaborative service for you, The Hillingdon MHST may need to share your information with other service providers. We will only share your data with consent. Consent can be withdrawn at any time. Sharing data within the service and other services will be discussed with you before any action is taken. Please tick the boxes below, where you consent for data to be shared with:	☐ A service that the client is already accessing/due to access/has recently accessed ☐ A new service (referral) that would benefit the client (The client requires a different service from what is being offered by Hillingdon MHST) ☐ Other
Do you consent to be contacted by the MHST for feedback regarding the self-referral process?	☐ Yes ☐ No

CNWL share your clinical information with other healthcare professionals involved in your care to support better informed clinical treatment and help reduce clinical risk. A patient information leaflet is available on request from services and further details can be found on the trust website.

Today's date (DD/MM/YY)	
I certify that the information I provided is true to my knowledge and that I/my child attend one of the schools listed above	☐ Yes

CNWL share your clinical information with other healthcare professionals involved in your care to support better informed clinical treatment and help reduce clinical risk. A patient information leaflet is available on request from services and further details can be found on the trust website.