Lancashire & South Cumbria

Children & Young People’s Emotional Wellbeing & Mental Health

**Self-referral Form for ages 0-18th Birthday V0.1**

You can send your form by email or send it in the post to

**Email:** bfwh.options4cyp@nhs.net

**Address**: CASHER care of CAMHS

Whitegate drive health centre

Blackpool

Phone number CASHER

FY3 9ES

Please phone 0781 0696 565 if you have any queries Monday to Friday 9.00am – 5.00pm

Are you referring yourself? If Yes [ ]  continue to complete the form, If No [ ]  complete the form for the person you are referring and add your details on page 2

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| --- |
| Please tell us briefly what you need support with, you can tell us more on the next page or tell us how are you feeling? |

Today’s Date:

Name Preferred Name

Date of Birth My gender is a

What is your preferred pronoun? He [ ]  She [ ]  They [ ]  No preference [ ]  Other

If you are under 16 please give the name of a parent or carer



Your home address:

Post code Can we write to you at home? Yes[ ]  No[ ]



Home phone number: Your mobile

Other mobile: Parent/carer/friend?

What is the best time to contact you? Morning time Afternoon time

Can we leave a message?

On voicemail? Yes [ ]  No [ ]

If someone answers? Yes [ ]  No [ ]  Who can we speak to?

Or can we text? Yes [ ]  No [ ]

Email address

What is the best way to contact you?

Do you have any additional needs you want us to know about?

If you are at school or college which one do you attend?

Are you having suicidal thoughts? Yes [ ]  No [ ]

Are you self-harming? Yes [ ]  No [ ]

Are you being hurt or threatened? Yes [ ]  No [ ]

Do you feel at risk in any other way? Yes [ ]  No [ ]

Are you caring for anyone? Yes [ ]  No [ ]

If you know your GP or GP Practice’s name please tell us what it is

If you are referring someone else what are your details?

Name

Address

Post code Phone

Is the young person aware this referral is being made on their behalf? Yes [ ]  No [ ]