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](mailto: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

|  |
| --- |
| 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

BD10037_

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