



## Referral form

**Please complete fully - insufficient information may lead to the form being returned, resulting in a delay.**

Bloom is offered as an early intervention service and a professionals meeting. Whilst it is a separate service it has close links to Cornwall CAMHS. This means that referrals not accepted to Bloom may be signposted to the Early Help Hub and/or other support services.

Referrals will only be accessed during office hours, on a weekly basis.

If you are concerned about a child or young person's welfare, please contact the Early Help Hub:

[w. earlyhelp@cornwall.gov.uk](mailto:earlyhelp@cornwall.gov.uk)

**t. 01872 324605 or MARU 0300 123 1116**

### Criteria met

- Has the family identified who they would like to be the nominated professional?\*

Name of nominated professional:

Phone/Email:

Yes No

- Does the referring school have a Designated Mental Health Lead?
- Has the referral been discussed with the School Mental Health Lead/Champion?

Name of Mental Health Lead:

Date discussed:

\*For more information about the role of the nominated professional please refer to the handbook/information leaflets

### Person referring

Name of referrer

Job title

Date of referral

Name of organisation

Telephone number

Email address

### Child or young person being referred

First name(s)

Surname

Preferred name

Age

Date of birth

Male Female Gender identified as

Ethnicity

First language

Address

Postcode

## Child or young person being referred

Who does the young person live with? Please tell us anything else important about the family.

## Details of parent/carer

Full name

Name & Address of any other person with legal parental responsibility (if different)

Relationship to child/young person

Parental responsibility?

(Yes)

Lives with child/YP?

(Yes)

Email address

Email address 2

Email address

Mobile phone number

Mobile phone number

Home/landline phone number

Home/landline phone number

I am happy to receive information electronically

I am happy to receive information electronically

I am happy to receive voicemail messages

I am happy to receive voicemail messages

## Consent

BLOOM work as a partnership in line with One Vision Statutory Plan in order to identify and provide the right support for every child and Young Person. This means that your referral will be screened by a CAMHS professional and signposted to the most appropriate service which may include CAMHS, CAMHS commissioned community based services, NHS services, services provided by Cornwall Council and/or the Voluntary Community Sector.

Ensure consent is obtained from the family for a Referral and for sensitive information to be shared with professionals in the CAMHS Access Team and those that form the BLOOM Panel. Please note anybody over 13 years, who is deemed competent, can give their own consent. This may be with or without parental consent.

\*By ticking this box, you are confirming that the following verbal consent has been given: "I agree to this Request and to my information being shared with agencies that are part of the BLOOM response."

Yes

- Are the Parent/Carer's aware of this referral?
- Is the young person aware of this referral?
- Has the parent/carer agreed to information being shared between agencies?
- Has the child/young person agreed to information being shared between agencies?\*

Name of person giving consent

Signed

Date

## Privacy Statement

This information may also be shared with other relevant professionals in conjunction with the nature of the request or enquiry. The data held relating to the delivery of support by **BLOOM** to your child, will be used both for the provision of services and for performance and service planning. This information will be held in a secure environment in line with the Information Governance Alliance Records Management Code of Practice for Health & Social Care 2016, upon reaching the relevant retention the information will be appraised and if relevant destroyed in a secure manner. A full copy of our Trust Privacy Notice can be found at [www.cornwallft.nhs.uk/privacy-notice-patients](http://www.cornwallft.nhs.uk/privacy-notice-patients)

## GP details

NHS Number (if known)

Practice address

Name of GP

Telephone number

## Vulnerable children (Please complete all sections)

Yes No Unknown

- Is the child subject to a Child Protection Plan?
- Has the child been subject to a Child in Need Plan?
- Has the child been subject to a Child Protection Plan in the past?
- Is the child a "child in care" (eg fostered) by the Local Authority?
- Is the child subject to a Special Guardianship Arrangement?
- Does the child have an Education and Health Care Plan (EHCP)?
- Does a member of the immediate family work for the Armed Forces?
- Is the child under the Youth Offending Service (YOS)?
- Previously known to CAMHS?
- Previously known to MHST?

## Other professionals involved

Are you currently working with , or have you worked with any other agencies, people or organisations, including your school?

## Special requirements (e.g. Interpreter, Wheelchair Access, etc. Please give details below)

## Reason for referral

Please consider the following when compiling your referral:

- Appearance
- Communication
- Mood
- Appetite
- Sleep
- Self-worth and self-image
- Hopelessness
- Family history
- Social situation
- Risk/ Self Harm/ Suicide: are any indicators of risk present for self-neglect, self-harm, abuse or suicide?

## Frequency, Intensity, Duration and Onset of difficulty

### Concerns

What are you worried about?

What impacts are the difficulties having on family life, school work, friendships etc?

### What is working well?

## What do you think needs to happen?

### Risk

- |  |     |    |
|--|-----|----|
| • Are there any risks in relation to this child or young person?<br>(e.g. risk of suicide/self-harm, to/from others) | Yes | No |
| • If you are concerned about risk, is there a current safety plan in place?  | Yes | No |

Please give details

### Additional information

Is there any further information that you think we should know?  
E.g. Any big family/life events or illnesses recently?

### Next steps

Please send completed forms to: **West CAMHS (Kerrier & Penwith areas)** [cft.camhswestreferrals@nhs.net](mailto:cft.camhswestreferrals@nhs.net)  
**Mid CAMHS (Restormel & Carrick areas)** [cft.camhsmidreferrals@nhs.net](mailto:cft.camhsmidreferrals@nhs.net)  
**East CAMHS (Caradon & North East areas)** [cft.camhseastreferrals@nhs.net](mailto:cft.camhseastreferrals@nhs.net)

If you have any questions or queries regarding the status of your referral, please e-mail or call us on 01208 834575 in the first instance.

