

# MFT CAMHS Self-Referral Form

### About this referral to CAMHS

Who is making this referral?

- This form is for parents/carers or young people aged 13 years and over to refer to CAMHS. If you are under 13, you can ask a parent/carer or your GP to make the referral.
- We can only see children and young people who are registered with a GP in this area
- We can only accept referrals from parents/carers who have legal responsibility for the young person.
- CAMHS is not able to provide support in an emergency. If you require immediate help, you should contact your GP or attend A&E.
- When we have received this form, we may call you for further information. We will let you know if the referral has been accepted or not and the reasons why.
- We will not be able to process your referral if you do not fully complete all sections of this form.

The state of the s	ing Person ent or Carer	Your Name:	
GP Information			
GP's Name:		GP's Phone Number:	
GP's Address:		Does your GP know that you're making this referral to CAMHS?	
Child/Young Person's Details:		If you are a Parent/C complete this sectio	arer please n:
Child / YP's Name:		Parent/Carer's Name:	
Date of Birth:		ranio.	
Child / YP's Gender:	Male / Female / Trans	Your Relationship to the Child / YP:	
Child / YP's Ethnicity		Do you have legal responsibility for the Child/YP?	
Child / YP's Address:		Parent / Carer's Address:	
Child / YP's Phone Number:		Parent / Carer's Phone Number:	
Does the Parent/Carer consent to this referral?		Does the Child / YP consent to this referral?	



Other Information	
Name of School/College where you	Does they know about this referral?
work: Name of Social Worker and address: (if applicable)	Does the Social Worker know about this referral?
Please describe the difficulties y	you would like help with.
Is anyone else concerned about	t these difficulties?
How long have these difficultie	s been going on for?
How do you think CAMHS can	help?
Full Name	
Signature	Today's Date



#### Please return to:

#### If you live in South Manchester

South Manchester CAMHS
Stratus House
South Moor Road
Wythenshawe
M23 9XD
Tel: 0161 902 3400
cmm-tr.SouthManchesterCamhs@nhs.net

### If you live in North Manchester

North Manchester CAMHS
The Bridge
Central Park Unit C
Manchester
M40 5BP
Tel: 0161 203 3250/3255
cmm-tr.NorthCamhs@nhs.net

## If you live in Central Manchester

Central Manchester CAMHS
The Winnicott Centre
195 – 197 Hathersage Road
Manchester
M13 0JE
Tel: 0161 701 6880
cmm-tr.CentralManchesterCamhs@nhs.net

## If you live in Salford

Salford CAMHS

Pendleton Gateway Salford M6 5FX Tel: 0161 211 7260 cmm-tr.Salford-CAMHS@nhs.net



## Other agencies that might be helpful:

- Early Intervention Psychosis Service 0161 277 6830
  - Eclypse substance misuse service 0161 273 6686
- Childline (Free, 24hrs): 08001111 www.childline.org.uk
  - NSPCC/ChildLine online advice www.there4me.com
- Samaritans: 0345 909090 / 0161 236 8000 www.samaritans.org.uk
- The National Self Harm Network www.nshn.co.uk
- Kooth online advice for 10 25 year olds www.xenzone.com
- Papyrus prevention of suicide 0800 068 4141
  - 42<sup>nd</sup> Street 0161 228 1888
- Manchester Mind 0161 226 9907
  - NHS Direct 0845 46 47