**Under 18’s Community Eating Disorder Service (CEDS) for North Cumbria**

**Referral Form**

** Please complete all sections as fully as possible. Recent (within last 2 weeks) physical health observations must be included for referrals to be considered**

Completed forms to be emailed to CMB-CAMHSAdmin@cntw.nhs.uk

Postal referrals will not be accepted.

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| **Child/Young person’s details** |
| **First Name** |       | **Family Name** |       |
| **NHS No.** |       | **Date of Birth** |       |
| **Age** |       | **Ethnicity** |       |
| **Religion** |       | **Gender** |       |
| **Preferred Pronouns** |       | **Preferred name**  |  with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.] |
| **Address** |       | **Contact Details**Home Phone: Mobile Phone: Work PhoneEmail: |                      |
| **Preferred Language** |       | **Interpreter Required?** | Yes [ ]  No [ ] If yes, please provide details of language including signing      |
| **Does the child/young person or family members / carer have any physical or communication needs?**Especially in regards arranging/attending appointments? | Yes [ ]  No [ ] If yes, please provide details of needs and adjustment requested       |
| **Are there any other considerations, such as culture, language, illness, religion or disability, when making contact with the Child / young person or family members / carers?**  | Yes [ ]  No [ ]  if yes please provide details       |

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| **Family / Carer Details**  |
| **Name of parents/carers** |       | **Relationship to child / young person** |       |
| **Address** **(**if different from young person) |       | **Contact Details**(if different from young person) |       |
| **Who holds parental responsibility** Please give contact details if not already shown above. |       |
| **Is the child / young person “looked after” as defined in the Children’s Act 1989?** | Yes [ ]  No [ ]   |
| **Are there any Safeguarding concerns?**  | Yes [ ]  No [ ] If Yes, please give details       |
| **Is the child / young person adopted?** | Yes [ ]  No [ ]   |
| **Is the child / young person subject to Child Protection Plan?**  | Yes [ ]  No [ ]  |

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| **GP Details** |
| **Name** |       | **Address** |       |
| **Telephone** |       | **Email** |       |

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| **Consent** |
| **Has the referral been discussed with parents/carers (who have parental responsibility)?** | Yes [ ]  No [ ] If No, please give details       |
| **Do the parents/carers (who have parental responsibility) consent to this referral?** | Yes [ ]  No [ ] If No, please give details       |
| **We may need to contact any of the organisations mentioned in the referral, including GP and school. Has the parents/carers (who have parental responsibility) consented to contact these organisations?** | Yes [ ]  No [ ] If No, please give details       |
| **Has the referral been discussed with Child / young person?** | Yes [ ]  No [ ] If No, please give details       |
| **Does the child / young person consent to this referral?** | Yes [ ]  No [ ] If No, please give details       |
| **We may need to contact any of the organisations mentioned in the referral, including GP and school. Has the child / young person consented to contact these organisations?** | Yes [ ]  No [ ] If No, please give details       |

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| **Physical Health – Please respond to risks as appropriate including consideration of paediatric admission if clinically indicated.** |
| **Physical health check** Remove shoes, coat, jumper and items from within pockets.  |
| **Recent physical health check** |       | **Carried out by?** |       |
| **Weight** (kg) |       | **Height** (cm) |       |
| **BP Sitting** |       | **BP Standing** |       |
| **Temperature Tympanic** |       |
| **Pulse Sitting** |       | **Pulse Standing** |       |
| **Allergies,** please provide details |       |
| **Medical Conditions,** please provide details |       |
| **Blood Investigation & results** FBC, U&Es, LFTs, Phosphate, Thyroid Function Tests, bone profile, cardiac profile, B12/folate).  |       |
| **Other Physical Health causes which may influence the condition,** please provide details |       |
| **Other Investigations & Results,** please provide details  |       |

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| **Historical Changes in Height and Weight**  |
| **Date**  | **Height** | **Weight** |
|       |       cm |       kg |
|       |       cm |       Kg |
|       |       cm |       Kg |

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| **Current Presentation**  |
| **Mental Health Concerns** |
| **Mental health concerns,** including self-harm / suicidal ideation/behaviourPlease consider contacting the crisis service if there are significant concerns in this area **Telephone: 08006522865** | Yes  No  If yes, please provide details       |
| **Eating disorder behaviour and symptoms** |
| **Trying to change weight or shape?** | Yes  No If yes, please provide details       |

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| **Current Presentation – Please contact us if concerned about risk** |
| **Behaviour,** pleaseselect all that are relevant |
| **Vomiting** | Yes  No If yes, please provide details       |
| **Restricting intake** | Yes  No If yes, please provide details       |
| **Limiting variety of food** | Yes  No If yes, please provide details       |
| **Using Laxatives** | Yes  No If yes, please provide details       |
| **Other purging methods, diet pills etc**  | Yes  No If yes, please provide details       |
| **Bingeing**  | Yes  No If yes, please provide further details       |
| **Excessive exercise** | Yes  No If yes, please provide further details       |
| **Body image issues** | Yes  No If yes, please provide further details       |
| **Any other Information,** please provide details |       |
| **Periods**  |
| **Have child/young person’s periods started?** | Yes [ ]  No [ ]  If yes, what age did they start?       |
| **How regular are they?** | Mostly regular [ ]  On and Off [ ]  Stopped [ ]  NA [ ]  If stopped or on and off, when was the last period?        |
| **Is child/young person using any medication which may affect menstrual cycle?** | Yes [ ]  No [ ]  If yes, what type        |

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| **Further Information** |
| **Please provide any further information affecting the child / young person not mentioned above** |       |

Date: January 2024

Review: June 2024