

*Helping parents understand and respond to their infant's unique way of communicating is probably the most important intervention to the infant's development of a secure attachment.
P. Svanberg (2002)*

i -CAMHS REFERRAL FORM

<p>DATE OF REFERRAL _____</p> <p>INFANT'S NAME _____</p> <p>H&C NO _____</p> <p>DATE OF BIRTH _____</p> <p>ADDRESS _____</p> <p>_____</p> <p>POSTCODE _____</p> <p>TEL NO _____</p> <p>MOBILE NUMBER _____</p>	<p>REFERRER NAME & ROLE</p> <p>_____</p> <p>CONTACT NUMBER _____</p> <p>AGENCY ADDRESS _____</p> <p>POSTCODE _____</p> <p>GP NAME & ADDRESS _____</p> <p>_____</p> <p>CONTACT NUMBER _____</p> <p><u>Name of Health Visitor and contact details</u></p>																				
<p>MOTHER'S NAME (Include surname)</p> <p>_____</p> <p>FATHER'S NAME (Include surname)</p> <p>_____</p> <p>HOUSEHOLD MEMBERS(Include surnames and DOB for children/young people)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">NAME</th> <th style="width: 25%;">SURNAME</th> <th style="width: 25%;">RELATIONSHIP</th> <th style="width: 25%;">DOB</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>NATIONALITY & LANGUAGE SPOKEN</p> <p>_____</p> <p>INTERPRETER REQUIRED YES/NO</p> <p>_____</p> <p>OTHER ADDITIONAL NEEDS (E.g. Disability, transport) YES/NO</p> <p>_____</p>	NAME	SURNAME	RELATIONSHIP	DOB																	<p>Family Tree</p>
NAME	SURNAME	RELATIONSHIP	DOB																		

REFERRAL INFORMATION: PLEASE NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED

REASONS FOR REFERRAL

ISSUES FOR INFANT (Ante Natal, perinatal History/Developmental History)

INTERVENTIONS OFFERED/ONGOING

Please indicate the current concerns you have for the primary caregiver:

- **Current stressors** Economic deprivation **YES/NO** Social Isolation **YES/NO** Abusive relationship **YES/NO** Alcohol & Drug use **YES/NO** Father absence **YES/NO** Domestic violence **YES/NO**
- **Psychiatric/Psychology history** Depression Anxiety **YES/NO** Postnatal Depression **YES/NO**
- **Negative experiences during childhood** Physical, sexual or emotional abuse **YES/NO** Abandonment, loss or separation from parent **YES/NO** Foster home placement **YES/NO** Not known **YES/NO**
- **Access to external supports** Single parenthood **YES/NO** Limited extended family relationships **YES/NO** Limited support within marital relationship **YES/NO**

Further Comments

Please indicate the current concerns you have for the infant age:

0-12 months

- **Appearance** Size underweight or overweight **YES/NO** Dress and hygiene **YES/NO**
- **Eating patterns** Food refusal **YES/NO** Gagging or vomiting at sight of food **YES/NO**
- **Sleep patterns** – night waking problems **YES/NO** Sleep onset problems **YES/NO**
- **Physiological functioning** Fussiness **YES/NO** Colicky behaviour **YES/NO**
- **Sensory functioning** Hyper- responsiveness **YES/NO** Excessive seeking of particular sensory input **YES/NO**
- **Activity level** Squirming constantly in parents arms **YES/NO** Sitting quietly on the floor **YES/NO**
- **Emotional functioning** Always intensely fearful **YES/NO** Frequently irritable **YES/NO** Mostly bland or constricted in expression **YES/NO**
- **Attachment concerns**-Clings unceasingly **YES/NO** Resists hold, arches away **YES/NO** Rarely searches for parent’s face **YES/NO** Never reaches for or touches parent **YES/NO** Premature **YES/NO**

12-36 months

- **Unusual behaviours** Head banging **YES/NO** Smelling objects **YES/NO** Rocking **YES/NO** Bizarre verbalisations **YES/NO** Night terrors, nightmare **YES/NO**
- **Behavioural disturbances** Unable to interact positively with parents **YES/NO**, caregivers **YES/NO** or peers **YES/NO** Aggression or defiance **YES/NO** Easily frustrated (frowns often, appears stressed and irritable) **YES/NO** Impulsivity or over-activity **YES/NO** Withdrawn (unresponsive, listless) **YES/NO** Uncontrollable intense crying **YES/NO**
- **Developmental delay** Gross motor **YES/NO** Fine motor **YES/NO** Language **YES/NO** Cognitive **YES/NO**
- **Attachment concerns** Clings unceasingly **YES/NO** Resists holding, arches away **YES/NO** Rarely searches for parent's face **YES/NO** Never reaches for or touches parent **YES/NO** Premature **YES/NO**

Further Comments

OTHER AGENCIES INVOLVED:

In order to prioritise referrals appropriately please indicate (previous/current)

Adult Mental Health	YES/NO	Addictions	YES/NO	AHP	YES/NO	CAMHS	YES/NO
CDC	YES/NO	Disability	YES/NO	Education	YES/NO	FNP	YES/NO
Forensics	YES/NO	Health Visitor	YES/NO	LAC	YES/NO	Midwifery	YES/NO
Paediatrics	YES/NO	Probation	YES/NO	Social Services	YES/NO	Other	YES/NO

Please specify:

SAFEGUARDING:

Are there any Child Protection Issues (concern or risks) that we should be aware of?

Please specify:

ARE THERE ANY LONE WORKER ISSUES TO BE AWARE OF?

Please specify:

IF UNOCINI HAS BEEN COMPLETED, PLEASE FORWARD A COPY WITH THE REFERRAL

FAMILY INFORMATION (PARENT/SIGNIFICANT OTHERS):

KNOWN MENTAL ILL HEALTH (previous/current)	YES/NO
KNOWN LEARNING DISABILITY/DIFFICULT (previous/current)	YES/NO
KNOWN SUBSTANCE MISUSE OR ABUSE (previous/current)	YES/NO
KNOWN DOMESTIC ABUSE (previous/current)	YES/NO
YOUNG CARERS	YES/NO
ADULT CARERS	YES/NO

Please specify:

Please include any copies of Risk Assessment/Graded Care Profile/Family Needs Assessment documentation with the referral form

Is the parent/guardian aware and agreeable to this referral YES/NO

Has the infant been seen by the referrer? YES/NO

Please specify date infant was last seen by referrer.

Is the parent/main carer consenting to this referral? YES/NO

PLEASE NOTE: Contact will be made with the GP and Health Visitor regarding an infant who attends i-CAMHS

SIGNATURE OF REFERRER:

PRINT NAME:

When completed please return to: CAMHS Referrals Coordinator

**Craigavon/Banbridge Locality: Bocombra Lodge, 2 Old Lurgan Road, Portadown, BT63 5SG
Telephone: (028) 38392112**

Or email to: CAMHS.teams@southerntrust.hscni.net