

CAMHS Liaison Referral Form



Patient's Name:		Known as:	
Language Spoken:		Translator needed: Y/N:	
Sex:	DOB:	Ethnicity:	MRN:
Address:			
Eircode:			
Mother's Name:		Father's Name:	
Address:		Address:	
Eircode:		Eircode:	
Phone:		Phone:	
Care status: Parental/ foster care /residential care/other court order (specify):			
Legal Guardian Consenting to CAMHS Liaison Assessment:			
School Name:		Class/Year:	
GP Name:			
Community CAMHS team if involved (open/waiting list/closed):			
Primary Care (if involved): Y/N		Tusla (if involved): Y/N	
CDNT (if involved): Y/N		Meitheal (if involved): Y/N	
Other (Pieta? Jigsaw?):			
Medical/surgical Interventions (if applicable):			
Medically Discharged? Y/N			
Reason for referral (Please include up-to-date mental state examination)			
Time of Referral:		Date of Referral:	
Patient Location:		Name of Referrer:	
		Mobile number:	

Please send completed referral to liaison.camhs@hse.ie Thank You.

CAMHS Liaison Assessment Report.



CAMHS Sector Team:
Previous assessments/reports available from team? Y/N/NA
Time and date referral received by CAMHS Liaison:

1: Parent's concerns and expectations:

RISK
H M L

2: Young Person's concerns and expectations:

RISK
H M L

3: History of Complaint including previous service use (symptoms; events, triggers, duration, frequency, severity, impact on functioning, context, associated symptoms, aggravating/alleviating symptoms):

4: Family History (including parents and employment status, medical and psychiatric illnesses, siblings and attachment, accommodation, external family and level of support received, any financial difficulties, social care issues, bereavements, any other relevant contextual information, can use genogram if needed):

5: Sleep (including disorders, nightmares, insomnia, early morning waking, hyper-somnolence, hypnogogic/hypnopompic hallucinations):



6: Forensic History (cautions, charges, arrests, juvenile liaison officer involvement, family forensic history):



7: Medical History:

- No active medical issues
- Previous surgeries/procedures (if yes, please specify) _____
- Thyroid Disorders
- Type 1 DM
- Migraines
- Coeliac Disease
- Epilepsy
- Other: _____

Medication: (including current, previous, when commenced, why discontinued, prescriber, side-effects, implants, supplements etc.):

- Drug allergies (please specify reaction if any):
- No known drug allergies

Addiction history (alcohol, drugs, vaping, gambling, cigarettes, duration, frequency, Social context and with whom commenced):

- No previous history
- If yes, please specify:

Pregnancy and Birth (including illnesses, hospitalisation, medication, postnatal issues/depression alcohol/drug use):

- Full-term birth NVD or C/Section Birth Weight if known: _____
- Premature birth /40
- NICU/SCBU required
- Breast fed
- Bottle fed

Pregnancy related issues (if yes, please specify):

- Antenatal complications
- Delivery complications
- Illness requiring hospitalization
- Substance use during pregnancy
- Prescribed medications



8: Infancy (including attachment, temperament and social functioning):

9: Developmental Milestones (if yes, please specify):

- No concerns raised or all areas reached within expected time
- Fine motor delay
- Gross motor delay
- Speech delay or related difficulties
- Early learning concerns
- Toilet training difficulties

10: Educational History:

Primary School: _____

- No reported academic or social difficulties
- SNA/SET Support
- History of suspension or expulsion

Secondary School: _____

- No reported academic or social difficulties
- SNA/SET Support
- History of suspension or expulsion
- Resource hours
- All higher level classes
- Ordinary level classes in: _____

Bullying:

- Historic reports of bullying
- Verbal
- Physical
- Sexual in nature
- Cyberbullying
- Parents aware
- School aware
- Gardai notified

Other Issues (including grades and academic progress, friends, supports, special classes, truancy, difficulties, teacher interactions):

<p>11: Trauma (including refugee, abuse, accident, crime):</p>	<p>On Interview (expressed ideas, fearful):</p>
<p>12: Appetite and Diet (including vegetarian, coeliac, binging, pica, refusal):</p>	<p>On Interview (emaciated, BMI concerns):</p>
<p>13: Appearance and Behaviour (including self-neglect vs pride in appearance, hygiene, safety, organization, level of cleanliness at home):</p>	<p>On Interview (appropriately dressed, for age, gender identity, congruent with cultural background, eye contact, reciprocity of conversation, self-care, intoxication, agitation, rapport):</p>

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H M L

RISK
H M L

<p>14: Neurodevelopmental (including global and specific learning problems, ASD, ADHD, dyslexia, dyspraxia, dyscalculia):</p>	<p>On Interview (communication, engagement, eye contact, behaviours, activity, impulsivity, focus, concentration):</p> <p>RISK H M L</p>
<p>15: Gender and Sexuality (including menstruation and contraception):</p>	<p>On Interview (behaviour and dress):</p> <p>RISK H M L</p>
<p>16: Social (including bullying, friendships):</p>	<p>On Interview (rapport, humour, demeanour, engagement with family):</p> <p>RISK H M L</p>
<p>17: Energy Levels (including restlessness, lethargy):</p>	<p>On Interview (drowsy, listless, agitated, fidgety):</p> <p>RISK H M L</p>

<p>18: Speech, Language and Communication:</p>	<p>On Interview (speech, stammer, articulation, rate, rhythm, volume, repeating questions/asking for questions to be repeated):</p>
<p>19: Sensory (including sensitivities around textures, smells, noise, light, touch, tastes, internal sensations):</p>	<p>On Interview (sensory seeking, soft clothing, difficulties around light/sounds, getting overwhelmed/distressed by sensory overload):</p> <p style="text-align: right;">RISK H M L</p>
<p>20: Mood and Affect (including irritability, elation, anxiety, panic, PMT):</p>	<p>On Interview (nervous, distressed, tearful, excitable, angry, flat, reactive, anxious, guarded, elated, agitated, expression):</p> <p style="text-align: right;">RISK H M L</p>

21: Cognitive (thought and perception, including psychosis, hallucinations, derealisation, depersonalisation, formal thought disorder, paranoia, delusions, goal-oriented):

On Interview (responding to hallucinations, zoning out, deluded, confused, orientated):

RISK
H M L

22: Behavioural Conduct Issues (including tantrums, violence, threats, lying, stealing, emotional dysregulation):

On Interview (abusive, threatening, destructive, oppositional):

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H M L

23: Self Harm (including thoughts, duration, severity, frequency, purpose):

On Interview (visible wounds, behaviour, expressed ideas):

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H M L

24: Suicidality (including planning, intent, previous attempts):

On Interview (expressed ideas or intent, plans made, lethality, messages/letters sent):



Summary of Findings (including identified areas of risk):



Outcome or Plan:

Date of Assessment:

Time:

Senior Clinician assessment discussed with:

Name and Position of CAMHS Clinician (MCRN):

Signature of CAMHS Clinician:

Please Copy to GP and to Community CAMHS Team. Thank You.

Discharge Audit Report.

Date of Discharge:	Duration of Stay:			
Known diagnoses on discharge (ICD-11):				
Working diagnoses/differential diagnoses on discharge (ICD-11):				
Medications on Discharge:	Frequency/Time:	Dose:	Info leaflet Given: Y/N	Consented (by whom):
Supervision Required: None: <input type="checkbox"/> 1:1: <input type="checkbox"/> 2:1: <input type="checkbox"/>				
Restrains Required: None: <input type="checkbox"/> Physical: <input type="checkbox"/> Chemical: <input type="checkbox"/> Security Staff: <input type="checkbox"/>				
Follow-Up Management Plan:				
GP: <input type="checkbox"/> CDNT: <input type="checkbox"/> Primary Care: <input type="checkbox"/> CAREDS: <input type="checkbox"/> ID Team: <input type="checkbox"/> Other: <input type="checkbox"/> ...				
<u>Community CAMHS:</u>				
Cork North Central <input type="checkbox"/>				
North Cork <input type="checkbox"/>				
North Lee East <input type="checkbox"/>				
North Lee West <input type="checkbox"/>				
South Lee 1 <input type="checkbox"/>				
South Lee 2 <input type="checkbox"/>				
South Lee 3 <input type="checkbox"/>				
West Cork <input type="checkbox"/>				
Out of Area <input type="checkbox"/>				
Discharge Summary sent by Clinician? Yes: <input type="checkbox"/> No: <input type="checkbox"/> ...				
Name and Position of CAMHS Clinician (MCRN):			Signature of CAMHS Clinician:	