



## REFERRAL FORM

### REFERRAL GUIDANCE:

It is expected that suitable referrals to DCFCT will be the equivalent of Tier 2 cases for the NHS. There will usually be a single problem involving the child or children and their family. DCFCT does not deal with cases involving personality disorder or possible psychosis. Cases DCFCT can help with might involve mild obsessional behaviour, anxiety, depression, anger issues or aggressive behaviour which does not involve police action. The family income will be estimated to be below £20,000 pa. There will be no immediate risk to life or to others. Please note that Tier 2 cases can also be referred to CAMHS. Active self harm, severe eating disorders and child protection issues will usually require Tier 3 CAMHS services. Looked-after children will not be referred to DCFCT as specific registration is required for undertaking such work.

### Referrer, agency, address and telephone

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Date of referral.....

Referred person..... Date of birth.....

Parent(s) or main carer's name.....

Address.....

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Telephone, contact details.....

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GP name, address and  
telephone.....

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Referral information (continue on a separate sheet as needed)

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Additional information.....

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Is the family aware that DCFCT has been suggested? Yes / No

Have you considered CAMHS Tier 2 prior to DCFCT referral? Yes / No

Comments.....

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Signature of referrer.....