



REFERRAL FORM (FOR THE USE OF RELEVANT PROFESSIONALS ONLY)

REFERRAL GUIDANCE:

It is expected that suitable referrals to DCFCT will be the equivalent of Tier 2 cases. There will usually be a single problem involving the child or children and their family. Cases are not seen as involving personality disorder or possible psychosis. Examples might be 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 £35,000 pa. There will be no immediate risk to life or to others. 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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G.P.'s name.....

Address.....

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Telephone, contact details.....

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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

Signature of referrer.....

Referral approved by DCFCT.....

Practitioners suggested

Person/Date of engagement

DCFCT, Butterfly Cottage, Lower Wraxall, Dorchester, DT2 0HL

Email: robmontagu@aol.com