***Infant Mental Health Pathway CAMHS***

***PROFESSIONAL REQUEST FOR INVOLVEMENT***

**Family Details**

Child’s Full Name ………………………………………..DOB……………...Age……….

Gender of child ……………………………….. Next of Kin ……………………..

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| Mother’s name ……………………………. Father’s name ………………………….  Parental responsibility? Yes/No Parental responsibility? Yes/No  Employment Status ……………………… Employment status …………………  Marital Status …………………………….. Who does child reside with? …………  Other adults with parental responsibility………………………. |

Home Address ………………………………………………………………………………

………………………………………….. Post code ……………………………

Tel: …………………………………….. Mobile ………………………………….

Ethnicity ……………………………….. Home language spoken …………......

Interpreter required? Yes/No Sign Language Interpreter? Yes/No

Religion ………………………….. Asylum Seeker/Refugee □ Migrant □ Traveller □

Name of person completing this form …………………………………………………..

Designation/Job Title ……………………………………………………………………..

Address …………………………………………………………………………………….

………………………………………………………………………………………….

Telephone Number …………………………Email Address ……………………………

GP Name: ………………………………….. Tel: ……………………………………….

Address ………………………………………………………………………………………

Health Visitor: ……………………………… Tel: …………………………………………..

Address ………………………………………………………………………………………….

Child Protection Plan? Yes/No If Yes, name of social worker:

Child in need plan? Yes/No If Yes, name of social worker:

EHAT completed? Yes/No Date of next EHAT/CIN/CP meeting:

Early Years Setting/Children’s Centre/Community Setting support ………………………………………

## Other professionals involved? ...............................................................................................................................................................

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## Outline of cause for concern?

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***Outline of cause for concern - continued***

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***Summary of Support to date***

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***Relevant background information***

***Outline of family history/ relationships***

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**A COPY OF THIS FORM MUST BE GIVEN TO THE PARENT/CARER NAMED ABOVE**

**PLEASE ENSURE THE CONSENT FORM IS SIGNED AND RETURNED WITH**

**THE REQUEST FOR INVOLVEMENT**

***Section 4: Consent to share information***

*We would like your consent to contact any agencies that are currently involved or who we consider may be of help. We may also want to contact other agencies that know you, such as your school or GP, to help us provide a better service to you.*

*We will ensure that your personal information is kept confidential, unless there are specific concerns that require us to share your details, e.g. child protection concerns. You will be told of this.*

*Please tick the box if you are agreeable to consenting to use the CAMHS appointment reminder service. This means that you will receive an appointment reminder via mobile text message.*

*Yes No*

*If yes, please provide the mobile number which you wish to receive your appointment reminder to.*

***4(a) I agree to information being shared between agencies to help me/my child:***

|  |  |
| --- | --- |
| *Name of child/young person* |  |
| *Signature of principal parent/main carer* |  |
| *Date* |  |

## 4(b) If no consent sought please state why

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## 4 (c) Please indicate here any agencies/persons you would not want us to contact

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## 4(d) Please provide any relevant background information

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***A copy of this form must be given to the parent/carer named above***

***Please ensure consent form is signed and returned with the request for involvement***

**Infant Mental Health Pathway: Consent to Share Information.**

*Guidance for Patients & Service Users.*

We (Livewell Southwest Infant Mental Health Pathway (IMH)) often receive information about children, babies, and their parents and families. As we are a 0-5 service most information will be recorded on your child’s record on SystmOne (our electronic record keeping system), the referral will also be in the child’s name. This means that other health providers who use system one, such as health visitors and GP’s, will have access to the information recorded. In order to respect your privacy and protect the information you share with the IMH anything that is disclosed which pertains solely to you (parents/carers) will be recorded on your clinical record on SystmOne. Reference to this recording will be made on the child’s record but there will not be a detailed entry unless it is necessary due to child safety. For example it may say, “during the appointment we discussed the relationship that mum had with her own parents – (please see mother’s record if clinically relevant)”.

There are rare occasions when a parent does not have a SystmOne record (for instance if your GP doesn’t use this system), therefore the IMH will need to open a record in your name. Your SystmOne record forms part of your total health record. You may request to see your current IMH record from your health professional. Alternatively you can ask for a copy of all the clinical information that is held in your Livewell Southwest health record by writing to the Data Disclosure Team, *Hatfield House, Burrington Way, PL5 3LZ*. Livewell Southwest can only provide information related to services provided by us, which will not necessarily constitute your full health record. In addition, any information about any third parties will be removed before you are given a copy of your record.

Once we have opened your SystmOne record we may be able to view information recorded by other services you may be involved with, such as your GP, CMHT, Podiatrist etc. While our staff will not actively look at this information it may be on screen, and in cases where there are significant concerns about child safety we may be required to look at your information. There are occasions when it may be helpful to liaise with other services you are involved with e.g. perinatal team, CMHT, in these cases we will endeavour to seek your permission on this matter. By information sharing in this way we can provide a better service to you and your child. However if you do not wish to share information between these organisations please let your health professional know and this can be stopped. However some information related to risk and child safety might still be shared.

In the future your child may wish to access his or her own health record and having the information related to you, recorded in your own record will prevent any information that you may not wish to be shared with your child in that manner from reaching them.

For antenatal patients only:

While you are seen antenatally (before baby is born) the referral to IMH will be in your name and all recording of appointments will go on your health record. Once your child is born, if you are still open to IMH, the referral in your name will be closed and the case will be reopened in your child’s health record. Please read above to understand the full details around consent to share information.