

gmmh-ft.fcamsnw@nhs.net

FCAMHS NW Team, The Gardener Unit, Bury New Road, Prestwich,
Manchester M25 3BL DPA

FCAMHS Telephone/Advice Form

Please complete as fully as possible

Date of Telephone Call: 12/12/19	Name of Duty Clinician: Jushine Mason
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Client Information:

Name: Axel Rudakubana		Date of Birth: 7/8/06	Age at referral: 13
Gender: <input checked="" type="radio"/> M <input type="radio"/> F	Ethnicity: Black British		Religion:
NHS Number:		Address at time of referral (if different):	
Home Address: 10 Old School Close Banks, Southport		Postcode: PR9 8SB	Telephone Number: DPA
Parents			

Next of Kin: Father

Name: Alphonse Rudakubana
Address: as above
Postcode:
Telephone Number:

Referrer Details

Name: Stephanie Hallaron
Profession/Designation: Nurse (RMN)
Address:
Postcode:
Telephone Number:
Email Address: stephanie.hallaron@merseycare.nhs.uk

Living Arrangements (at time of referral):

Birth Family <input checked="" type="checkbox"/>	Foster Care <input type="checkbox"/>	Independent Living <input type="checkbox"/>	Semi-Independent living <input type="checkbox"/>
Adoptive Family <input type="checkbox"/>	Residential care <input type="checkbox"/>	Residential school <input type="checkbox"/>	Secure Care (welfare) <input type="checkbox"/>
Other Family <input type="checkbox"/>			
Criminal justice setting:	YOI <input type="checkbox"/>	Secure Care (CJS) <input type="checkbox"/>	STC <input type="checkbox"/>
Mental health setting:	Low/medium secure <input type="checkbox"/>	Open unit <input type="checkbox"/>	PICU <input type="checkbox"/>
Other (state):			
If mental health – Diagnosis if any? <input checked="" type="checkbox"/> ? ASD			
Under Mental Health Act? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			

Social Care Status:

LAC: S20 <input type="checkbox"/> S31 <input type="checkbox"/>	Leaving care <input type="checkbox"/>	Child in need <input type="checkbox"/>	Subject to CP plan <input type="checkbox"/>	None <input checked="" type="checkbox"/>
Secure Accommodation Order <input type="checkbox"/>	TAC <input type="checkbox"/>	Guardianship Order <input type="checkbox"/>		
Other (please state) <input type="checkbox"/> Early Help <input checked="" type="checkbox"/>				

Education Status:

NEET <input type="checkbox"/>	Special schooling <input checked="" type="checkbox"/>	Home tuition <input type="checkbox"/>	Hospital School <input type="checkbox"/>	CFE <input type="checkbox"/>
Mainstream	Mainstream SEN	PRU <input type="checkbox"/>	Left school <input type="checkbox"/>	Vocational Training <input type="checkbox"/>
(is employed)				

Criminal Justice Status:

Not Applicable	<input type="checkbox"/>	On Bail	<input type="checkbox"/>	Recent Police Contact	<input checked="" type="checkbox"/>
On Remand	<input type="checkbox"/>	Pre-Court Order	<input type="checkbox"/>	Sentenced to Custodial Order	<input type="checkbox"/>
Sentenced to Community Order	<input type="checkbox"/>	Other: <i>open to PREVENT TEAM</i>			

Reason(s) for Telephone Contact with Fcamhs (please include concerns about mental health AND details of high-risk forensic behaviours including specific incidents of concern include dates):

Arrested yesterday - possession of bladed article, offensive weapon & s47 assault. No previous contact YJS. Known & open to Prevent Team. Grogged about mass killings, beheadings, ISIS. Took ~~knife~~ *Hokey* stick into school & assaulted boy. Previous exclusion for taking knife into school. ASD presentation - no diagnosis. *no remorse & empathy* Lives = Parents & 15 yr old DPA brother - no risk to family identified

FCAMHS Advice:

Advised to Refer to FCAMHS Yes • No •
 Advised Strategy meeting. (No S/S, no camhs involved)
 Invite all relevant organisations - *fcamhs will attend given notice
 Check bedroom for any potential weapons - other aspects of safety planning completed.
 Refer to camhs for ASD assess & mental health screening

	Very useful (1)	Useful (2)	Neutral (3)	Not useful (4)	Not at all useful (5)
How useful has this discussion been?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>