Report Start Date/Time 11/04/19 15:36 User Mnemonic CCRAWFORD

Alder Hey Children's NHS Foundation Trust

Patient Identification Sheet

PATIENT DETAILS

Forename	AXEL	**Unit Number**	DPA
Surname	RUDAKUBANA	**NHS Number**	DPA
Previous Names		**Sex**	M
Title	MR	**Marital Status**	S
Birthdate	07/08/2006	**Language**	
Ethnicity	Not Stated	**Religion**	Unknown
Address	10 Old School Close Banks SOUTHPORT Lancashire	**Telephone Number(s)** **Home Phone** **OtherPhone**	DPA
Postcode	PR9 8SB		

PRIMARY CARE PRACTITIONER DETAILS

Name	ROE LANE SURGERY
Address	ROE LANE SURGERY 172 ROE LANE MERSEYSIDE PR9 7PN
Phone	DPA

NEXT OF KIN DETAILS

Name		**Home Phone**	
Address		**Relationship**	
Postcode			

DPA

From: RightFax E-mail Gateway <svc_rightfax@alderhey.nhs.uk>
Sent: 11 April 2019 15:33
To: LiverpoolCAMHS.Fax
Subject: A new fax has arrived from DPA (Part 1 of 1) on Channel 1
Attachments: A4c65286c-aa90-4255-814f-d67f440a5f54.PDF

** This email has been sent from an external source – be mindful with any links or requests from the sender **

11/04/2019 15:31:15 Transmission Record
Received from remote ID: DPA
Inbound user ID DPA routing code 3698
Result: (0/352;0/0) Success
Page record: 1 - 3
Elapsed time: 01:12 on channel 1

Fax Images: [double-click on image to view page(s)]

Alder Hey Children's NHS

NHS FoundationTrust

SINGLE POINT OF ACCESS

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES REFERRAL FORM

Providing detailed information on this form helps us to quickly allocate to the most appropriate agency/service/team and prioritise where necessary. If there is insufficient information we may return the referral to you, which will result in delay for the family. Please telephone if you would like to discuss the case before making the referral. Please also phone for more information on our consultation service to professionals. **Telephone** DPA or DPA

Fax: DPA

1. Details of the child or young person	**Ethnicity:**
Name: Axel Rudakubana	**NHS Number:** DPA
Gender: M Date of Birth 07-Aug-2006	Previous Surnames:
Address:	Main telephone number:
10 Old School Close	Other telephone number:
Banks	
Southport	Who has parental responsibility? dad and mom
PR9 8SB	
Parent (s) Carer's names	

Parent's address *if different from child:*	Parent's contact number: DPA
Address:	Parent's alternative number:
Post Code:	

School: range high school Year group 8	Legal Status
Key School Contact:.....	☒ Care of Parent.....
Is there a statement of educational need? NO	☐ Care of Local Authority – Liverpool/Sefton/other
☐ Child In Need	☐ Section 20 Voluntary Accommodated
Is there a CAF – Yes/No If Yes please enclose	☐ Full Care Order
	☐ Interim Care Order
	☐ Care Order places at home
	☐ Child Protection Plan
	☐ Other Carer – give details
	Details:.

2. Professionals involved

Please list all professionals with current contact details (phone and email)

Gp Dr Mohammed .....

3. Consent

- Has the referrer met with the child or young person? .....Please circle YES
- Has child / young person given consent to referral? ..... Please circle YES
- Has parent / guardian given consent to referral? ..... Please circle YES
- Has the parent/young person consented to transfer of referral information to a CAMHS partnership agency if ..... Please circle YES *assessed as more appropriate for their needs*

Signature

Signature

Young person's signatur.....Parent signature.....

Referrals can only be accepted if the referrer has met with the child, who has given their consent if Frazer competent, and full parental consent is obtained . If consent is not possible please phone to discuss.

4. GP Details (if not referrer)	Signature
Address:	Docto.....
ROE LANE SURGERY	
172 Roe Lane	Telephone Number: DPA
Southport	
Merseyside	

PR9 7PN	

5a. Reason for Referral
Please give a detailed *description of the child/young person's emotional/behavioural or mental health difficulties. Please indicate the severity and frequency of the difficulties and behaviours and how these impact on the young person and their family.*
last 2 yrs especially in school and around crowd Axel feels nervous - startes producing excess saliva in mouth --

swallows. can get teary eyed

is upset at home when it happens at school.

sometimes cant concentrate at school when it happens -- can happen with in subjects he struggles with and feels

isolated with it

no Bullying at school.

5b.
What help and outcomes are the family or professional expecting from the CAMHS referral. Improvement

5c.

Please list the impact the child or young persons diffculties are having on their education or nursery placement.

struggles around people and finds difficult to concentrate at school

Please continue on a separate sheet if necessary.

5d. Duration of the identified problems: 24 .....months

6. Developmental Concerns
Please indicate if the child has any global learning disability or specific learning difficulties (state nature and severity). This may include reference to attention difficulties, social and communication difficulties and delays in reaching milestones.
no leanign difficulties

DPA

6a. Adaptations for appointments Does the child require adaptations for attending appointments? E.g. venue, time,

translation.

7. Family Composition
Please detail all relevant family members

Name	Age	Relationship to child	Currently live with child?
Alphonse Rudakubana	43	dad	☒
Laetitia Muzayire	47	mother	☒
Dion Rudakubana	15	brother	☒
			☐
			☐
			☐

8a What interventions have the family already received?

none

8b What was the outcome?

Thank you for completing the for
All referrals are seen by an experienced clinician at referral.
Specialist CAMHS may assume duty of care re: Mental Health Issues,
at assessment. However referrals, once reviewed, may be signposted to CAMHS
partner agencies for appropriate on-going intervention. We will inform the referrer of our decision to do this and expect
the referrer to continue to hold duty of care during this transition.
Has the possibility of the referral being signposted to one of our partner agencies been discussed with the family
☒ *Yes* ☐ *No*

Please return the form to Fax: DPA
Post: Single Point of Access,
Alder Hey, Mulberry House
Eaton Road, Liverpool L12 2AP

Referrer Details
Name Dr mohammed
Address:
172 Roe Lane
Southport
Merseyside
PR9 7PN
Date: 11-Apr-2019

Profession:
Telephone Number: DPA Fax number:
DPA
E-mail

Referrer Signature

Signature