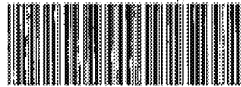


Report Start Date/Time 11/04/19 15:36 User Mnemonic CCRAWFORD
Alder Hey Children's NHS Foundation Trust
Patient Identification Sheet

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)	
Postcode	PR9 8SB	Home Phone OtherPhone	DPA

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 Foundation Trust

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**

Name: Axel Rudakubana

Gender: M Date of Birth 07-Aug-2006

Address:

10 Old School Close

Banks

Southport

PR9 8SB

Parent (s) Carer's names

Ethnicity:

NHS Number: **DPA**

Previous Surnames:

Main telephone number:

Other telephone number:

Who has parental responsibility? dad and mom

Parent's address if different from child:

Address:

Post Code:

Parent's contact number: **DPA**

Parent's alternative number:

School: range high school Year group 8

Key School Contact:.....

Is there a statement of educational need? NO

☐ Child In Need

Is there a CAF – Yes/No If Yes please enclose

Legal Status

☒ Care of Parent.....☐ Care of Local Authority – Liverpool/Sefton/other☐ Section 20 Voluntary Accommodated☐ 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

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

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

Signature**4. GP Details (if not referrer)**

Address:

ROE LANE SURGERY

172 Roe Lane

Southport

Merseyside

Doctor

SignatureTelephone Number: **DPA**

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 difficulties 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: 24months

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

