

CAMHS Gloucestershire - NEW Demographic Information Form

Please complete this online form prior to your appointment with CAMHS Gloucestershire. We require this information for all service users; for more information visit: <https://www.ghc.nhs.uk/privacy-notice/>. The information you provide will be kept securely on your Health and Social Care Record.

This survey takes 10 minutes to complete. The information provided will inform and support the triage assessment process.

COMMUNICATION:

Please note that we may communicate with you via phone call or via SMS message. We understand that by providing your home phone number and/or mobile number, you are happy for us to contact you and if not answered, leave a voice message or use your mobile number to send a text related to your treatment with our service.

If you do not wish to be contacted via this method, please let us know.

Please note that we also may occasionally communicate with you via email. We understand that by providing the email address, you are happy to receive emails, from us related to your treatment with our service.

To ensure you keep hearing from us, please add this address to your email address book:

CAMHS.Gloucestershire@nhs.uk

Details about Child or Young Person being referred

1. Full Name *

2. Date of Birth *

3. NHS Number (if known)

4. Gender *

Female

Male

Other

5. Ethnicity *

- White - British
- White - Irish
- White - Any other White background
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Mixed - Any other mixed background
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Any other Asian background
- Black or Black British - Caribbean
- Black or Black British - African
- Black or Black British - Any other Black background
- Other ethnic groups - Chinese
- Other ethnic groups - Any other ethnic group
- Prefer not to say
- Other

6. Religion *

7. First Language *

8. Interpreter required? *

- Yes
- No

9. Address Line 1 *

10. Address Line 2

11. County *

12. Town *

13. Postcode *

14. Is this a settled accommodation? *

Yes

No

15. Please state the type of accommodation. *

Living with parents

Living with extended family

Homeless

Child in Care

Other

16. Please state the UK residency status *

- UK Resident (lived in UK for at least 6 months)
- Non-UK Resident (did not live in UK for at least 6 months)
- Asylum Seeker
- Refugee
- Overseas Student
- Private Patient

17. Home telephone

18. Can Voice messages be left?

- Yes
- No

19. Young Person's Mobile

20. Can Voice or SMS messages be left?

- Yes
- No

21. Young Person's email address

Details about Parent/Carer

22. Parent/Carer 1 Name *

23. Relationship to young person *

24. Does this person have parental responsibility? *

Yes

No

25. Parent/Carer 1's Mobile *

26. Parent/Carer 1's Email Address

27. Parent/Carer 1's address (if different from young person)

28. Parent/Carer 2 Name

29. Relationship to young person

30. Does this person have parental responsibility?

Yes

No

31. Parent/Carer 2's Mobile

32. Parent/Carer 2's Email Address

33. Parent/Carer 2's address (if different from Parent/Carer 1)

34. Please state if CAMHS should write to parents/carers at both addresses (if applicable)

Child or Young Person School Details

Please provide the current school details if applicable.

35. Currently in Education or Training? *

Yes

No

36. School Name or Name of Training Provider *

37. Start date at school/training provider. *

Household Information

Please provide the details of all people living in the house with Young Person. Please ensure you include the following information:

Full Name

Date of Birth

Relationship to child/young person

School attended if applicable

38. Please use the field below to list all people living in the house. *

GP Details

39. GP Practice Name and address *

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