



# eReferral Guidance

For Child & Adolescent Mental  
Health Services



## **Document Control**

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**Please Note:** This is a digital document meant for online reading. Printed copies may not accurately convey the intended layout and functionality.

# Abbreviations

<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CAMHS-ID</b>	Child and Adolescent Mental Health Service – Intellectual Disability
<b>CYMHO</b>	Children and Youth Mental Health Office
<b>GP</b>	General Practitioner
<b>HIQA</b>	Health Information and Quality Authority
<b>ICT</b>	Information Communication Technology
<b>MDS</b>	Minium Data Set
<b>PPPG</b>	Policy, Procedure, Protocols and Guidelines

## Acknowledgements

We would like to express our gratitude to all those who contributed to the development of this eReferral guidance document. Special thanks to the clinical and administrative staff across various CAMHS teams for their invaluable insights and feedback, which have informed and shaped this guidance.

Finally, we acknowledge the strong collaboration from our partners in Healthlink and General Practice, whose support and commitment has been instrumental in supporting the advancement of eReferral to mental health services.

# Aim



The purpose of this document is to outline how Child and Adolescent Mental Health Services (CAMHS) can move to provide the use of eReferral to their services. This guide explains the known benefits of moving towards eReferrals, how to establish Healthlink (the HSE's eReferral system) within your services and how to proactively communicate with referrers to let them know you are providing this pathway.

The document also looks at how services can safely integrate eReferrals and continue to manage referrals efficiently and appropriately.

# Foreword



This CAMHS eReferral guide is aimed at streamlining referral processes and improving timely communication between referrers and mental health services. Many regions were keenly involved in the project, ensuring it met with standards and supported timely clinical decision-making. The use of eReferral has been proven to have numerous benefits, including enhanced data accuracy, increased efficiency, reduced waiting times, and improved health outcomes. By adopting eReferral process, we are taking a significant step towards optimising digital health in support of effective and efficient service delivery. To support this initiative this guidance document is being provided to support how Management Teams might approach implementation in their respective regions.

The Audit and monitoring of referrals plays a crucial role in providing the oversight required to identify key trends and patterns, allowing for more informed decision-making at both a regional and national level and ensuring progress towards strategic targets, which ultimately ensure that children and young people receive the best possible care and support for their mental health.

I ask that all CAMHS Clinical Directors and Management Teams progress with implementing the eReferral in their respective regions as a priority. In doing so, we can ensure that our services meet the growing demand for mental health support among young people in a timely and efficient manner.

**Dr Amanda Burke**

**National Clinical Lead for Child  
& Youth Mental Health**

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# Introduction and Background



eReferrals, or electronic referrals, streamline the referral process by replacing traditional paper-based referral methods with digital solutions. eReferral also simplifies the referral process by enhancing communication between primary care clinicians and specialists / organisations and enabling quick and secure referrals to be sent and received through an electronic platform (Digital for Care, 2024).

Most CAMHS teams in Ireland use paper-based referral methods. Moving towards electronic referrals can improve accessibility, increase efficiency, reduce errors, enhance communication, and ultimately lead to better patient outcomes. Improved accessibility, safe care and enhancing digital solutions in mental health are all key priorities for the HSE National Child and Youth Mental Health Office. Crucially moving towards eReferral, is also a key enabler of Connected Care as outlined in Digital for Care, Framework for Ireland 2024-2030.

The Digital for Care Strategy (2024) outlines that every person who receives care in the Electronic Healthcare Records care in Ireland

will have a digital record. eReferrals are a key component of timely and accurate information sharing as part of digital healthcare.

Providing better, more real time information to healthcare staff, and improving access efficiency for patients and service users is also a fundamental principle of Sharing the Vision Mental Health policy (2020).

## What is eReferral?

**eReferral in the HSE is supported through a digital platform called 'Healthlink'. Healthlink is a messaging service that allows patient information to be securely transferred between Medical Practitioners and health services.**

This short animated video outlines what an eReferral is, the eReferral journey and future plans around eReferrals in healthcare. This video was developed as part of the eReferral pilot programme in the HSE, and also goes through the next steps of an eReferral process.



**What is eReferral**  
**(You Tube HSE Ireland)**

## Previous CAMHS eReferral projects

### eReferral to CAMHS-ID Project (You Tube HSE Digital Transformation)

This video provides a project overview on the development of eReferrals from General Practitioners (GPs) to CAMHS using Healthlink, with a focus CAMHS Intellectual Disabilities (CAMHS-ID) in the Cork region. One of the identified goals of their project was to reduce the number of incomplete eReferral forms, thereby reducing triage time and overall waiting times for CAMHS-ID.

Over 289 Cork GPs can now refer patients to CAMHS-ID using this eReferral pathway. Analysis of the eReferral forms submitted since implementation in March 2021 showed:

- (i) Increased completeness of the referral form from 34% to 90% reduced average triage time from 47 days to seven days
- (ii) Predicted average waiting time from date of referral to appointment date will be reduced by 41%

Key benefits of this project included:

- (i) Reduction in waiting times from GP referral to appointment for CAMHS-ID patients.

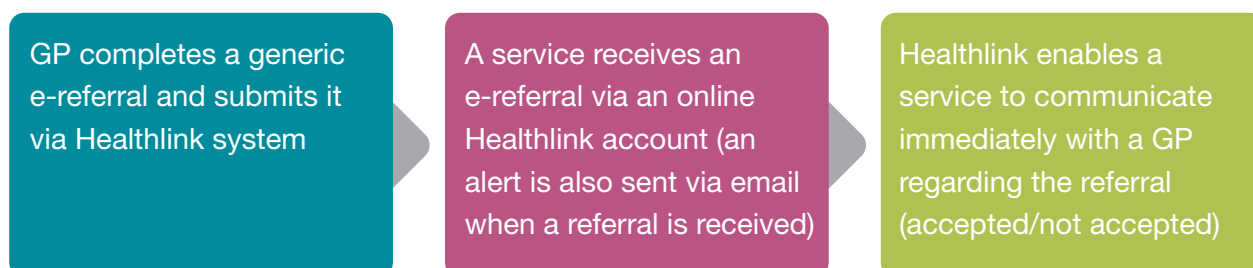
- (ii) Resource cost savings by eliminating paper correspondence between CAMHS-ID and GPs.
- (iii) Resource time savings by reducing administrative workload for CAMHS-ID staff and GP practices.

### 1.1 Known benefits of eReferral

GPs in Ireland use eReferrals to refer patients to a wide variety of services via Healthlink. Referrals are made using the generic eReferral form, which contains questions/fields that request the following information from the referrer:

- Patient details
- Reason for referral/anticipated outcome
- History of presenting complaints
- History of past illness
- Relevant Family History
- Current Medications
- Additional Relevant Information

### 1.2 How do Healthlink eReferrals currently work?





# Developing a CAMHS Referral



In 2023, HSE National Mental Health Operations commenced a programme to scale up use of eReferrals from GPs to mental health services with an initial focus on CAMHS in the first phase. To reflect the requirements of the [CAMHS Clinical Operating Guidelines \(COG\)](#), it was identified that specific eReferral questions would be required to enable safe and effective referrals. Through a mapping exercise, 11 CAMHS teams were identified as already using eReferral through Healthlink, using the generic Health Information and Quality Authority (HIQA) Standardised eReferral form. A survey was carried out with existing CAMHS user sites, to ascertain their experience of eReferral use to guide and inform the improvement programme.

A CAMHS-specific eReferral form was developed, and then tested by CAMHS clinicians from around the country. Feedback was drawn from the testing process and incorporated into the issued version of the eReferral for CAMHS (see Appendix 1).

These additional fields are (see Appendix 1):

- Consent
  - Risk/protective factors
  - Previous referrals
  - Other services involved
  - Other relevant information
  - Mental state examination
  - History of substance misuse
  - School/ occupation details
- Additions to the list of agencies previously and/or currently working with the child/ young person.

## **A CAMHS eReferral form is now available on Healthlink**

The CAMHS eReferral form reflects the most up-to-date clinical data requirements and has been approved for use by the National Clinical Lead for Child and Youth Mental Health.

# Setting up eReferral in Your Service



The following steps outline how to approach establishing eReferrals in a service.



## **STEP 1: Decide on how eReferrals will be implemented in your region**

- Your region may decide that all teams will be enabled to use eReferrals at one time, or an incremental approach to implementation may be taken. This will depend on regional factors that may influence change management. (see HSE Change Guide).



## **STEP 2: Decide on how eReferrals will be used within teams**

- Staff name and email addresses are provided to Healthlink for setup only. Each team member who needs to access Healthlink is then setup with a Username, Password and PIN and must use these to log in to Healthlink to view and respond to the referrals through the Healthlink portal.
- A shared team email address or individual email address are then used for notifications only, to let them know there are new referrals in the Healthlink account.



## **STEP 3: Update CAMHS referral policies and procedures**

- Services should review and update their policies and procedures to reflect the implementation and use of eReferrals to their services. See section 4.1 for basic guidance.



#### **STEP 4: Apply to Healthlink for access and accounts**

- To ensure effective data governance and oversight, management teams should support and coordinate the registration of CAMHS teams to any digital platforms, ensuring that access is only by appropriate staff and data governance is maintained through an oversight process.
- Going to [www.healthlink.ie](http://www.healthlink.ie) click on 'Application Form' in the top banner
- Select 'General Agency' in the 'Organisation Type' drop –down
- In 'Agency Name' insert TEAM NAME, e.g., South Dublin CAMHS Team 1 (NOTE THIS MUST BE THE OFFICIAL/ AGREED TEAM NAME)
- Queries regarding the application process contact Healthlink (01) 7784998 or [support.healthlink@hse.ie](mailto:support.healthlink@hse.ie).



#### **STEP 5: Training**

- Once a team has registered for Healthlink, the Healthlink team will contact the service to arrange an online training session. The training session will take approximately 45 minutes
- (Resource: Healthlink Training Videos)



#### **STEP 6: Agree a 'go-live' date**

- Once training is completed, a 'go-live' date will be agreed with Healthlink.



#### **STEP 7: Communicate with Referrers**

- It is important that referrers in catchment areas are informed that a CAMHS team will now begin accepting eReferrals. Healthlink will send a message to GPs regarding the availability of a CAMHS referral, but it is also advised that all Referral agents are informed that a named CAMHS teams is providing eReferral. (Sample communication in Section 3 – Supporting Documentation).

# eReferral Management



It is the responsibility of the Area Management team to CAMHS Leaders to ensure that the use of eReferrals is incorporated into existing regional policy and procedure.

## 4.1 Receipt and processing of eReferrals:

- A team will receive a notification that a referral has been sent electronically by a referrer.
- The team check for electronic referrals on the Healthlink system during services opening times / routinely through the day / in line with regional PPPG.
- Referrals sent outside of normal working hours will be processed on the next working day, by responsible staff.
- Designated staff download the referral and follow the standard regional referral policy/ procedure.

**NOTE: Healthlink stores referrals electronically for 30 days. After this they are deleted from the system and are no longer available for access.**

**Each referral submitted through Healthlink by a referrer is given a unique ID. The referral ID can be checked indefinitely (for auditing purposes only).**

- Referrals received in error should be redirected back to the referrer using the CAMHS referral response section. A phone call should also be made to the referrer advising them of the error and follow up action(s). A message will be sent via Healthlink stating the referral has not been accepted.
- Incomplete referrals are redirected back to the referrer with a request for additional information. A message will be sent back through Healthlink stating the referral has not been accepted and reasons for same given.
- The date and time of the arranged assessment will be notified to the referrer by the designated Healthlink referral responder via the Healthlink system.



## 4.2 Access to eReferrals

- Services should identify the designated staff who will have access to and monitor the Healthlink system and / or referral inbox, as per the steps outlined above. At least three CAMHS team members should be designated to have access to the Healthlink system, with further consideration for management access and/or oversight and cross cover arrangements during times of absences, acting as a failsafe.
- Access should be governed and monitored to all digital systems in line with ICT policy. Designated staff working in CAMHS, should have access to the eReferral system in keeping with their role and function. This access should be deactivated when they leave the role / service as necessary.

## 4.3 eReferral Downtime

Where Healthlink has planned downtime or goes offline, or is not working, Healthlink will issue an email notification to all user accounts. It also places notifications on the main log in screen under 'Service Information' (see image 1) and establishes a pop-up window in user accounts, so that when a user logs in, the pop-up window will appear.

Image 1

# Change Control



A central change control and review process has been established by the Office of Child and Youth Mental Health, to maintain a formal record of proposed modifications to standardised clinical templates, ensuring that all changes are documented, including the rationale behind them, to facilitate tracking and accountability. Standardisation of change requests ensures that all requests for changes follow the same structure and include necessary information, promoting consistency in how changes are proposed and evaluated. A change request form (Appendix 4) requires submitters to describe the impact of the proposed change on existing workflows, systems, and stakeholders. This supports a thorough assessment before changes are implemented. The Change Control Request Form forms part of a formal approval process through the National Child and Youth Mental Health Office (CYMHO), wherein the designated governance workstream, reviews and approves or rejects the requested changes based on their merits and impact across the organisation.

The change request process supports communication of proposed changes to all stakeholders, ensuring that potential impacts are understood and that there is an opportunity for feedback or concerns to be raised. The change control process aids in tracking the status of requests, including whether they are approved, rejected, or pending further review. This can help monitor how PPPGs evolve over time.

Maintaining a clear change control process is also essential in support of quality and compliance monitoring. The Change Control Request process serves as a part of the audit trail, demonstrating that changes were made systematically and transparently, and formalising the change request process contributes to quality assurance by ensuring that all changes are carefully considered, tested, and evaluated before being put into practice.



# Data Standardisation



Data standardisation is a critical process for ensuring data quality, consistency, and usability across different healthcare systems and datasets. The standardisation of data is crucial for enhancing service delivery, improving clinical outcomes, and ensuring continuity of care.


Implementing a Minimum Data Set (MDS) for CAMHS eReferrals (see Appendix 5), will not only facilitate effective monitoring, but also allows for a greater opportunity for the overall evaluation of service delivery.



By establishing and using a standardised format for data capture, clinicians will ensure that the data they gather and receive is reliable, comparable, and capable of driving informed decisions in both clinical and policy contexts.

## Appendix 1: CAMHS eReferral Form

CAMHS referrals are geographically allocated through Policy, therefore the 'preferred Consultant' option is not recognised as a selection option in this process.

 <b>CAMHS Referral</b>	
Patient Name:	and test Date of Birth: 01/08/2010 (Age: 14 years) Gender: Male Receiving Site: Mater Public Hospital
Referral Priority: *	<input type="text"/>
Preferred Consultant:	Family Name: <input type="text"/> First Name: <input type="text"/>
Reason for referral / Anticipated outcome: *	<input type="text"/>
<a href="#">Referral Guidelines</a>	
Have you obtained consent for this referral from the legal guardian?: *	<input type="text"/>
What is the child's / young person's mental state?: *	<input type="text"/>
What risk and / or protective factors are currently present: *	<input type="text"/>
Does the child/ young person have a history of substance misuse: *	<input type="text"/>
Child/ young person's school or occupation: *	<input type="text"/>
Has the child / young person been previously referred to: *	<input type="checkbox"/> None of the following services <input type="checkbox"/> Tusla Child & Family Agency <input type="checkbox"/> Another Mental Health Service <input type="checkbox"/> Psychology Service <input type="checkbox"/> This Service <input type="checkbox"/> CDNT Team <input type="checkbox"/> Other primary care service <input type="checkbox"/> Paediatrics <input type="checkbox"/> Other
General History:	Previous Hospital Attendance: <input type="text"/> History of Presenting Complaints: <input type="text"/> History of Past Illness: <input type="text"/> History of Surgical Procedures: <input type="text"/> Allergies/Adverse Medication Events: <input type="text"/> Relevant Family History: <input type="text"/>
Pulse:	<input type="text"/> bpm
Body Height:	<input type="text"/> metres
Body Mass Index:	<input type="text"/> Kg/M²
Clinical Exam:	<input type="text"/>
Lab Investigation:	<input type="text"/> +
Rad Investigation:	<input type="text"/> +
File Attachment:	Select Files <input type="button" value="Choose Files"/> No file chosen <input type="button" value="Upload"/> <small>** Files will be scanned for potential threats which usually takes no more than 10 seconds. Please only press Upload once per file **</small>
Social History:	Drinker: <input type="text"/> No Smoker: <input type="text"/> Next of Kin: <input type="text"/> (name, contact no. & relationship)
Current Medication:	Patient on Anticoagulants <input type="text"/> No Current Medication: <input type="text"/>
Additional Relevant Information:	<input type="text"/>
<input type="button" value="Back"/> <input type="button" value="Next"/>	

**Please Note:** 'Preferred Consultant' is a free text box that referrers use if they have a preferred Consultant they would like their patient to be seen by, mostly used in the private hospital's settings. This is a standardised field within Healthlink nationally, and cannot currently be removed, as it would have implications for all referrals.


## Appendix 2: CAMHS EReferral response form (to referrer)

Community CAMHS teams will provide a timely response to all referrals received, dependent on their categorisation of emergency, urgent, routine or not appropriate for CAMHS. A response means that contact is made with the referral agent and parent(s) by a clinician on the team, in consultation with the Consultant Psychiatrist. The contact should seek to provide information to the referral agent or parent(s) so that they understand the status of the referral and any steps they need to take prior to the first appointment.

CAMHS Operational Guideline (2019)

**Please Note:** The GP response provided through Healthlink must be maintained as part of the clinical record.

Below is the form shown if 'Arrange OPD' is 'Yes'

 Párlaimint na Seirbhíse Sláinte Health Service Executive	<b>CAMHS Referral Response Form</b>
Patient Name:	Patient3 Test
Date of Birth:	01/08/2010 (Age: 14 years)
Gender:	Male
Triage Category:	<input type="text" value="Routine"/>
Triaging Clinician:	First Name: <input type="text"/> Family Name: <input type="text"/>
Arrange OPD:*	<input type="text" value="Yes"/>
Clinic:	<input type="text"/>
Date:	<input type="text"/> (DD/MM/YYYY)
Time:	<input type="text"/> (HH:MM)
Suggested Action for GP:	
Suggested Therapy:	<input type="text"/>
Radiology:	<input type="text"/>
Laboratory:	<input type="text"/>
Suggested Action by Consultant:	
Suggested Therapy:	<input type="text"/>
Radiology:	<input type="text"/>
Laboratory:	<input type="text"/>
Other comments:	<input type="text"/>
<b>Important:</b>	Please ensure the patient brings their medication details, along with relevant x-rays, scans and radiology reports, with them to their appointment.
<input type="button" value="Next"/>	

**Please Note:** The Triage response timeline categories are determined by Healthlink and are standardised within the system and do not yet directly correlate to CAMHS response timelines.


When accepting a referral there are two approved terms in the drop-down field 'Triage Category' for use by CAMHS – 'Urgent' or 'Routine'. 'Soon' is not an accepted terminology in CAMHS.

It is recommended that CAMHS also use the "other comments" to provide the fullest response possible in line with CAMHS PPPG to support effective communication for care.

**Below is the form shown if 'Arrange OPD' is 'No'**

If a child or adolescent is screened or assessed as not having a moderate or severe mental disorder and as not requiring CAMHS, the GP/referral agent and the parent(s) will be advised in writing as soon as possible. The reason for the child or adolescent not being accepted should be clearly outlined in the letter.

CAMHS Operating Guideline (2019)

 <b>CAMHS Referral Response Form</b>	
Patient Name:	Patient3 Test
Date of Birth:	01/08/2010 (Age: 14 years)
Gender:	Male
Triage Category:	<input type="text"/>
Triaging Clinician:	First Name: <input type="text"/> Family Name: <input type="text"/>
Arrange OPD:*	<input type="text"/>
Name of Referring GP:*	Dr Sean Kilkenny
Date:*	<input type="text"/> (DD/MM/YYYY)
Allocation of Responsibilities:*	<input type="text"/>
Suggested Action for GP:	
Suggested Therapy:	<input type="text"/>
Radiology:	<input type="text"/>
Laboratory:	<input type="text"/>
Suggested Action by Consultant:	
Suggested Therapy:	<input type="text"/>
Radiology:	<input type="text"/>
Laboratory:	<input type="text"/>
Other comments:	<input type="text"/>
<b>Important:</b>	Please ensure the patient brings their medication details, along with relevant x-rays, scans and radiology reports, with them to their appointment.
<input type="button" value="Next"/>	

**Please Note:** A Triage response category is not required in Healthlink where referrals are not accepted.

When **NOT** accepting a referral, it is mandatory to use the "allocation of responsibilities" to provide the fullest response possible in line with CAMHS PPPG to support effective communication for care (including follow up care, signposting, referral etc.).

## Appendix 3: Sample Communication

**FAO:** Regional Referral Networks

**Subject:** eReferrals via Healthlink to CAMHS

*To Whom It May Concern,*

*HSE Mental Health Services are pleased to inform you that you can now send electronic referrals via Healthlink to the following Child and Adolescent Mental Health Service (CAMHS) in your area:*

- CAMHS Team 1
- CAMHS Team 2

*Please note the following in relation to CAMHS eReferrals:*

- Referrals can be made by using a CAMHS specific eReferral form.
- The clinical information required regarding the child or adolescent is contained on page 25 of the CAMHS Operational Guidelines 2019 – [see link](#).
- A facility to attach further relevant information pertaining to the referral is available on Healthlink.

*We welcome feedback and engagement on this newly established process and look forward to working collaboratively with you into the future to meet the needs of children, young people and their families in our area,*

*Regards etc*

## Appendix 4: Change Control Template

**For Use by/to: Child & Youth Mental Health Office (CYMHO) – as a tool to manage nationally standardised PPPGs**

### **Overview:**

A change control form provides a formal record of proposed modifications to standardised templates, ensuring that all changes are documented, including the rationale behind them, to facilitate tracking and accountability.

Standardisation of change requests ensures that all requests for changes follow the same structure and include necessary information, promoting consistency in how changes are proposed and evaluated.

A change request requires submitters to describe the impact of the proposed change on existing workflows, systems, and stakeholders. This allows for thorough assessment before changes are implemented.

The Change Control Request Form forms part of a formal approval process through the CYMHO, wherein the designated governance workstream, reviews and approves or rejects the requested changes based on their merits and impact to the organisation.

The form aids in tracking the status of requests, including whether they are approved, rejected, or pending further review. This can help monitor how PPPGs are evolving over time.

Maintaining a clear change control log is essential for compliance. The Change Control Request process serves as a part of the audit trail, demonstrating that changes were made systematically and transparently, and formalising the change request process contributes to quality assurance by ensuring that all changes are carefully considered, tested, and evaluated before being put into production.

### **PLEASE COMPLETE ALL SECTIONS**

Section A		Change Request Details	
Request ID		(CYMHO office use)	
Date			
Request by			
Area			



Section B	Description of Suggested Change
<b>Brief description of the existing process or feature related to change proposal</b>	
<b>Detailed description of the suggested change or improvement</b>	
<b>Explain the rationale behind the suggestion, including any issues it addresses or improvements it offers</b>	

Section C	Impact Analysis
<b>Stakeholder(s) impacted by the change</b>  (List of users/groups who will be impacted by the change)	
<b>Impact on Current Workflows</b>  (Description of how the change will affect existing workflows)	
<b>Expected Benefits</b>  (List the benefits or improvements anticipated from the proposed change)	
<b>Change &amp; Implementation Considerations</b>	

\*Additional data, charts, references, supporting documents should be attached as Appendices.

<b>Request Owner/ Developer</b>	<b>Name</b> (PRINT)		<b>Role / Title</b> (incl. title of position, location of position)	
	Signature		Date	
Primary Contact Email			Phone	

**CYMHO OFFICE USE ONLY:**

Section D	Description of Suggested Change
<b>CYMHO Date Received</b>	
<b>Received by (NAME &amp; TITLE)</b>	
<b>CYMHO Review Date</b>	
<b>CYMHO Recommendations</b>	
<b>CYMHO Summary Statement</b>	

<b>Signed on behalf of CYMHO</b>	
<b>Name &amp; Title</b>	
<b>On (Date)</b>	
<b>Contact Email</b>	

## Appendix 5: CAMHS eReferral Data

Path Name	Data Properties / Label (* indicates mandatory field)	Description
Patient Details	Family Name:*	
Patient Details	First Name:*	
Patient Details	Title:	Mr, Mrs, Ms, Miss, Dr, Professor, Reverend, Father, Brother, Sister
Patient Details	Date of Birth:*	dd/mm/yyyy
Patient Details	Gender:*	Male, Female
Patient Details	Eircode Address Search:	
Patient Details	Street Address:*	
Patient Details	Address Line 2:*	
Patient Details	Address Line 3:*	
Patient Details	Address Line 4*	
Patient Details	Eircode	
Patient Details	Pregnancy Status:	unknown, pregnant, not pregnant
Patient Details	First Language:*	Arabic, Croatian, Dutch; Flemish, English, French, German, other, Portuguese, Romanian, Russian, Spanish; Castilian
Patient Details	Wheelchair Assistance:*	Yes, No
Patient Details	Interpreter Required:*	Yes, No
Patient Details	Mothers Maiden Name:	
Contact Details	Mobile*:	
Contact Details	Phone:	
Contact Details	Email:	
CAMHS Referral	Referral priority*	Routine, Urgent
Preferred Consultant	Family Name:	
Preferred Consultant	First Name:	
CAMHS Referral	Reason for Referral/Anticipated Outcome*:	
CAMHS Referral	Have you obtained consent for this referral from the legal guardian?:*	Both parents, Mother only, Father only, Neither parent, other (specify)
CAMHS Referral	Please provide any additional info:	
CAMHS Referral	Please provide the full contact details of the legal guardian (s): *	
CAMHS Referral	What is the child's / young person's mental state?: *	
CAMHS Referral	What risk and / or protective factors are currently present: *	
CAMHS Referral	Does the child/ young person have a history of substance misuse:	Yes, No
CAMHS Referral	If yes please provide details: *	
CAMHS Referral	Child/ young person's school or occupation*:	

CAMHS Referral	Has the child / young person been previously referred to:*	None of the following services, Tusla Child & Family Agency, Another Mental Health Service, Psychology Service, This Service, CDNT Team, Other primary care service, Paediatrics, Other (specify)
CAMHS Referral	If yes to any, please provide details *	
CAMHS Referral	Are there other agencies currently involved with the child / young person:*	No, CDNT Team, Speech & Language Therapy, Jigsaw, Occupational Therapy, Paediatrics, Community Psychology, Community Counselling, Other (specify)
CAMHS Referral	If yes to any, please provide details: *	
General History	Previous Hospital Attendance:	Yes, No
General History	History of Presenting Complaints:*	
General History	History of Past Illness:	
General History	History of Surgical Procedures:	
General History	Allergies/Adverse Medication Events:	
General History	Relevant Family History:	
Physical Health	Pulse (bpm)	
Physical Health	BP Systolic/Diastolic: (mm/hg)	
Physical Health	Body Height (metres)	
Physical Health	Weight (Kg)	
Physical Health	Body Mass Index (Kg/M <sup>2</sup> )	
Physical Health	Clinical Exam:	
Physical Health	Lab Investigation	
Physical Health	Rad Investigation	
File Attachment	Select Files	
Social History	Drinker:	Yes, No, Unknown
Social History	If Yes, Units of Alcohol / per week	
Social History	Smoker:	Current smoker, Ex smoker, Non smoker, unknown
Social History	If current or Ex smoker Number of Cigarettes / per day, Years Smoking	
Social History	Next of Kin:	
Current Medications	Patient on Anticoagulants	Yes, No
Current Medications	If Yes, Drug Name, Details (dosage & frequency)	
Current Medications	Current Medication	
CAMHS Referral	Additional Relevant Information	

# References



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