CAMHS Search Form

It is the policy of this approved centre that searches are only carried out for the purpose of creating and maintaining a safe and therapeutic environment. Please refer to the policy on searches for additional procedures.			
Young Person's Details:			
Name:			Date
Date of Birth			
Ward/Unit		MRN	Time
Search Authorised by: *Refer to Search Policy/Child safeguarding policies and ward protocols*			
Rationale for Search:			
Reactive Search ☐		Risk assessment completed ☐	
Proactive Search ☐		Rationale for search:	
Search for missing property ☐			
Has the young person been informed of the rationale for the search? Yes ☐ No ☐			
If no, please give details:			

Name: Date of Birth:

Type of Search:	**Location of Search:**
Young Person property & personal space ☐	
Young Person ☐	
Young Persons 's clothing ☐	
Young Person's environment ☐	
Items removed: Document in Client property record	Location stored:
Details:	
Search Outcome & observations:	
Comment: (e.g. young person's presentation, response to search, any issues or concerns)	
Is the young person present for the search? Yes ☐ No ☐ If no, please provide reason:	
Has the young person given consent? Yes ☐ No ☐ N/A ☐ If no, please specify reason:	
Parent/Guardian Notified of Search? ☐ Yes ☐ No ☐ N/A (e.g. emergency or no consent required) Method of Notification: ☐ Phone ☐ In Person ☐ Written ☐ Other:	
Comment	Time:

Name: Date of Birth:

Debrief
Best practice (and trauma-informed) to offer the young person a debrief opportunity post-search:
Post-Search Debrief with Young Person Offered? Yes ☐ No ☐
If Yes, Summary of Discussion/Support Offered:

Search carried out by? (At least two staff members)		
Staff 1	Name	Signature
Staff 2	Name	Signature
Young Person	Name	Signature
If signature not obtained, please state reason:		

This form should be placed in the Clinical Risk Assessment section of the Clinical Record.