**Feeding and Eating Disorders Service**

**Referral Form**

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| We are a **Child and Adolescent Mental Health Service**. We take a Multi-Disciplinary Team approach to feeding and eating difficulties, focusing on emotional, behavioural, and psychological aspects of eating. *Where there are structural/medical concerns this may not be the appropriate Team.* |

**Referring Date:**

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| **Referrer Details:**  To include, Name, Job Title, Address, Telephone and Email if available.  ***Please note, we only accept referrals from Paediatricians and CAMHS.*** |
| **GP Details**:  To include, Name, Address, Telephone and Email if available. |

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| **Patient Information** |
| **Name:**  **DOB:**  **NHS No: Ethnicity:**  **Address:**  **Parent’s Names:**  **Home Telephone No:** **Parent’s Mobile No:**  **Email:**  **Interpreter needed? Yes/No If yes, what language?** |
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| **Input Required** |
| *Please choose one.*  **2nd Opinion Assessment/Recommendations/Advice Consultation/Treatment** |

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| **Reason for referral** |
| *Rationale for referral including why a referral to a* ***National and Specialist Mental Health Service*** *is necessary, what has been tried and why care and treatment cannot be effectively delivered by local services.*  **State current supports including which services currently involved:** |

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| **Presenting Problem** |
| ***Current presentation:***  ***Current intake, including fluids (e.g. one day Food Diary):*** |

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| **Motivation and Goals** |
| ***Motivation of the young person:***  *Level of motivation to make changes to their eating.*  ***Motivation of parent(s):***  *Willingness to engage with the service.*  ***Goals for the intervention***  *From the referrer:  From the child:*  *From the parents:* |

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| **Weight and Growth Information** |
| ***Weight (kg)/Centile: Height (cm)/Centile: Weight for height (if known):***  *Has the patient’s weight changed over the last month?  If yes, please elaborate.*  *Historical growth information:*  **Please note we DO NOT accept children with faltering growth who have not been investigated.** |

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| **Current Diagnosis** | |
| ***Including mental health, neurodevelopmental, medical conditions etc:*** | |
| **Physical Health** | |
| ***Details of any physical health conditions including gastroenterological conditions, physical disabilities and allergies:*** | |
| **Question** | **If yes, what has been done (including investigations)?** |
| Does the child have any of the following symptoms? Please tick all that are relevant.  Vomiting  Restricting meals  Diarrhoea  Limited variety  Bingeing  Laxative use  Reflux  Over exercising  Allergy (food)  Body image issues  Constipation  Dysphagia  Re-current chest infections | *Please add further details and attach appropriate reports.* |
| **Question** | **If yes, what has been done (including investigations)?** |
| Periods (tick the box that applies):  Not started  Mostly regular  On and off  Stopped  N/A  Don’t know |  |

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| **Psychiatric History** |
| ***Including current/previous CAMHS input:***  ***Current medication and medications tried:*** |

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| **Family History** |
| ***Composition of household/significant adults:*** |
| ***Information about siblings:*** |
| ***Social support network:*** |
| ***History of relevant medical or psychological conditions*** *(including neurodevelopmental, mental health, eating, gut related):* |

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| **Developmental/Early History** |
| ***Feeding and eating history:***  ***Stages of feeding:*** *Birth (bottle/breast/combination), weaning onto purees, lumps, soft solids, finger foods, hard solids.*  ***Tube teeding:*** *Type of tube (NG, gastrostomy, TPN), how long for, did the child/ young person continue to eat and drink orally whilst tube fed.* |
| **Developmental milestones** |
| ***First walked:***  ***First talked:***  ***First toilet trained:*** |

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| **Education/Nursery** |
| ***Current School/Nursery:*** |
| ***If at School, School Year:*** |
| ***Please detail school performance******(academic, social, bullying or any other issues):*** |
| ***Please detail any learning difficulties:*** |
| ***Does the child/young person have an Education Health Care Plan:*** |
| ***Does the child/young person have any support around their eating/feeding difficulties in the school/nursery environment:*** |

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| **Risk Assessment** |
| ***Rating of risk level- low, medium, high:***  ***Domains of risk- urgent medical stabilisation, physical health, risk to self or others, safeguarding:***  **NB: If suspected/diagnosed ARFID, urgent medical stabilisation needs to be managed by the local Paediatrician.** |

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| **Consent** |
| ***Has the referral been discussed with parents and have they agreed to a referral to a Tier 4 CAMH Service?***  **If 10 years or above, agreement from local CAMHS must be sought.** |

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| **Contact Details** |
| **Care Coordinator (who will be responsible in holding the care of child locally):** |
| **CAMHS Consultant:** |
| **Paediatrician:** |
| **Preferred School/College contact:** |
| **Dietitian/Occupational Therapist/Speech and Language Therapist:** |
| **Social Worker:** |
| **Other:** |

**Please complete this form in line with our referral criteria, as seen on the GOSH, FEDS website.**

**Return with the relevant reports via secure nhs.net email:** [**magdalena.lawrence@nhs.net**](mailto:magdalena.lawrence@nhs.net)

**(Magdalena Lawrence, Service Coordinator).**

**Alternatively post to GOSH Feeding and Eating Disorders Service, [Great Ormond Street, London,](https://www.bing.com/local?lid=YN1029x12412892740399340235&id=YN1029x12412892740399340235&q=Great+Ormond+Street+Hospital&name=Great+Ormond+Street+Hospital&cp=51.52239227294922%7e-0.12029878795146942&ppois=51.52239227294922_-0.12029878795146942_Great+Ormond+Street+Hospital)**

**[WC1N 3JH](https://www.bing.com/local?lid=YN1029x12412892740399340235&id=YN1029x12412892740399340235&q=Great+Ormond+Street+Hospital&name=Great+Ormond+Street+Hospital&cp=51.52239227294922%7e-0.12029878795146942&ppois=51.52239227294922_-0.12029878795146942_Great+Ormond+Street+Hospital)**

**Contact number for queries: 020 7405 9200 Ext 5652 or 020 4829 8679.**

**Please note incomplete forms may be rejected.**