**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**

**(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.**