**Addendum to Referral form: Service Users with identified risk**

|  |  |
| --- | --- |
| Patient full name: |  |
| Patient NHS Number: |  |
| Patient Date of Birth: |  |
| Patient Address (including postcode): |  |

Thank you for your referring the above patient to the Child and Young Person Gender Dysphoria - Referral Management Service (CYP -GD- RMS). This is a **non- clinical service** and therefore the responsibility for the above-named child remains with you until such a time as the referral has been reviewed by a specialist MDT and the referral accepted. **In the meantime, you should consider whether a referral is required to local services for any associated healthcare or wellbeing needs, as appropriate and that the risk is managed locally.** GPs,local CAMHS or therapeutic agencies are best placed to offer regular general therapeutic support and monitoring of safety whilst patients are awaiting a decision on whether the referral has been accepted by the MDT.

The questionnaire below supports the application form and will be passed to the GIDS specialist MDT as part of the referral pathway.

Please ensure that where you have indicated an identified risk below, that you have completed the actions taken or provide a rationale as to why no referral has been made.

The risk assessment will be checked for completeness by the CYP-GD - RMS referral administrative team. However, as this is not a clinical or triage service, where a risk has been identified it remains your responsibility to ensure that appropriate referrals are requested via the GP or made to other agencies such as social care or CAMHS.

|  |
| --- |
| **Please return completed form (alongside completed referral form) to:**  [**agem.cyp-gnrss@nhs.net**](mailto:agem.cyp-gnrss@nhs.net) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mental Health** | | | | | | | | | | | | | | | | |
| **Risk Identified** | | | **Yes** | | **No** | | | | **Action Taken** | | **Yes** | **No** | | **Contact details of service referred to:** | | |
| Self-harming behaviour – recent, history or at risk | | |  | |  | | | | Referred to Child and Adolescent Mental Health Services | |  |  | |  | | |
| Mental health disorder – for example: low mood/depression, anxiety, eating disorders, PTSD | | |  | |  | | | | Referred to Child and Adolescent Mental Health Services | |  |  | |  | | |
| Substance Misuse | | |  | |  | | | | Referred to appropriate substance misuse support services | |  |  | |  | | |
| Neurodevelopmental disorders – autism, Learning disabilities ADHD | | |  | |  | | | | Referred to appropriate specialist service | |  |  | |  | | |
| If you have indicated that a referral has not been made, please provide the rationale below: | | | | | | | | | | | | | |  | | |
| **Safeguarding Risks** | | | | | | | | | | | | | | | | |
| **Risk identified** | | **Yes** | | **No** | | | | **Action taken** | | | **Yes** | **No** | | | **Contact details of service referred to:** | |
| At risk of abuse or maltreatment | |  | |  | | | | Referred via Local Authority Safeguarding Team | | |  |  | | |  | |
| At risk of harm to health or development | |  | |  | | | | Referred via Local Authority Safeguarding Team | | |  |  | | |  | |
| Other safeguarding concerns | |  | |  | | | | Referred via Local Authority Safeguarding Team | | |  |  | | |  | |
| If you have indicated that a referral has not been made, please provide the rationale below: | | | | | | | | | | | | | | |  | |
| **Other risks** | | | | | | | | | | | | | | | | |
| **Risk identified** | **Yes** | | | | | **No** | **Action taken** | | | **Yes** | | | **No** | | | **Contact details of service referred to:** |
| Bullying or victimisation |  | | | | |  | Contact made with Local Authority Safeguarding Team for advice | | |  | | |  | | |  |
| Other risky behaviours – for example sexual behaviours |  | | | | |  | Contact made with Local Authority Safeguarding Team for advice | | |  | | |  | | |  |
| Accessing other sources of gender treatment (on-line or private) |  | | | | |  | Contact made with Local Authority Safeguarding Team for advice | | |  | | |  | | |  |
| If you have indicated that a referral has not been made, please provide the rationale below: | | | | | | | | | | | | | | | |  |