

# Demographics

FIRST NAME			
SURNAME			
D.O.B.			
GENDER	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Indeterminate <input type="checkbox"/>
PATIENT POSTCODE			
CONSENT OBTAINED FOR SECONDARY USES	yes <input type="checkbox"/>	no <input type="checkbox"/>	
ETHNICITY			
White	British	<input type="checkbox"/>	
	Irish	<input type="checkbox"/>	
	Any other White background	<input type="checkbox"/>	
Mixed	White and Black Caribbean	<input type="checkbox"/>	
	White and Black African	<input type="checkbox"/>	
	White and Asian	<input type="checkbox"/>	
	Any other mixed background	<input type="checkbox"/>	
Asian or Asian British	Indian	<input type="checkbox"/>	
	Pakistani	<input type="checkbox"/>	
	Bangladeshi	<input type="checkbox"/>	
	Any other Asian background	<input type="checkbox"/>	
Black or Black British	Caribbean	<input type="checkbox"/>	
	African	<input type="checkbox"/>	
	Any other Black background	<input type="checkbox"/>	
Other Ethnic Groups	Chinese	<input type="checkbox"/>	
	Any other ethnic group	<input type="checkbox"/>	

ABOUT SERVICE			
SERVICE COLLABORATION ID			
SERVICE ID			
TEAM ID			
GP PRACTICE CODE			
GP PRACTICE POSTCODE			
LOCAL AUTHORITY			
TEAM TYPE			
Multidisciplinary Generic/ Locality CAMHS Team	<input type="checkbox"/>	Moderate / Severe Learning Disability	<input type="checkbox"/>
Single Discipline Generic/ Focus Locality CAMHS Team	<input type="checkbox"/>	Paediatric Liaison	<input type="checkbox"/>
Adolescent	<input type="checkbox"/>	Young Offenders	<input type="checkbox"/>
Education	<input type="checkbox"/>	ADHD	<input type="checkbox"/>
Psychiatry	<input type="checkbox"/>	Other	<input type="checkbox"/>
Psychology	<input type="checkbox"/>	Special Tier 4 CAMHS Team	<input type="checkbox"/>
Infant Mental Health Service	<input type="checkbox"/>	In-Patient Unit	<input type="checkbox"/>
Targeted CAMHS Teams	<input type="checkbox"/>	Day-Patient Unit	<input type="checkbox"/>
Social Services / Looked After Children	<input type="checkbox"/>	Intensive Treatment Unit	<input type="checkbox"/>
Other Non-CAMHS Team	<input type="checkbox"/>		

DATE OF CONTACT		
CONTACT START	Date:	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>
CONTACT END	Date:	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>
ABOUT REFERRAL		
REFERRAL DATED	Date:	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>
REFERRAL RECEIVED BY CAMHS	Date:	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>
REFERRAL SOURCE		
Primary Health Care	GP	<input type="checkbox"/>
	Health Visitor	<input type="checkbox"/>
	Other Primary Health Care	<input type="checkbox"/>
Self Referral	Self	<input type="checkbox"/>
	Carer	<input type="checkbox"/>
Local Authority Services	Social Services	<input type="checkbox"/>
	Education Services	<input type="checkbox"/>
Employer	Employer	<input type="checkbox"/>
	Police	<input type="checkbox"/>
	Courts	<input type="checkbox"/>
Justice System	Probation Service	<input type="checkbox"/>
	Prison	<input type="checkbox"/>
	Court Liaison and Diversion Service	<input type="checkbox"/>
	School Nurse	<input type="checkbox"/>
Child Health	Hospital-based Paediatrics	<input type="checkbox"/>
	Community-based Paediatrics	<input type="checkbox"/>
	Independent Sector - Medium Secure Inpatients	<input type="checkbox"/>
Independent/ Voluntary Sector	Independent Sector - Medium Low Inpatients	<input type="checkbox"/>
	Other Independent Sector MH Services	<input type="checkbox"/>
	Voluntary Sector	<input type="checkbox"/>
Acute Secondary Care	A&E Department	<input type="checkbox"/>
	Other secondary care specialty	<input type="checkbox"/>
Other Mental Health NHS Trust	Temporary transfer from another MH NHS Trust	<input type="checkbox"/>
	Permanent transfer from another MH NHS Trust	<input type="checkbox"/>
Internal referrals from Community Mental Health Team (within own NHS Trust)	Community MH Team (Adult MH)	<input type="checkbox"/>
	Community MH Team (Learning Disabilities)	<input type="checkbox"/>
	Community MH Team (Child and Adolescent MH)	<input type="checkbox"/>
Internal referrals from Inpatient Service (within own NHS Trust)	Inpatient Service (Adult Mental Health)	<input type="checkbox"/>
	Inpatient Service (Forensics)	<input type="checkbox"/>
	Inpatient Service (Child and Adolescent MH)	<input type="checkbox"/>
	Inpatient Service (Learning Disabilities)	<input type="checkbox"/>
Other	Asylum Services	<input type="checkbox"/>
	NHS Direct	<input type="checkbox"/>
	Out of Area Agency	<input type="checkbox"/>
	Drug Action Team/Drug Misuse Agency	<input type="checkbox"/>
	Other service or agency	<input type="checkbox"/>