

Event /Session Details

EVENT/SESSION CONTACT TYPE (PLEASE TICK ONLY ONE)			
Direct Contact	<input type="checkbox"/>	Travel	<input type="checkbox"/>
Observation	<input type="checkbox"/>	Report writing	<input type="checkbox"/>
Professional consultation	<input type="checkbox"/>	Administration	<input type="checkbox"/>
Questionnaire only	<input type="checkbox"/>	External work	<input type="checkbox"/>
Missed appointment	<input type="checkbox"/>	Other	<input type="checkbox"/>

PATIENT ATTENDANCE (PLEASE TICK ONLY ONE)		
On time	<input type="checkbox"/>	
Cancelled	<input type="checkbox"/>	
Cancelled by HC provider	<input type="checkbox"/>	
Arrived late	<input type="checkbox"/>	
Did not attend	<input type="checkbox"/>	
Appointment without patient	<input type="checkbox"/>	
Arrived late/not seen	<input type="checkbox"/>	

DATE and TIME of the EVENT Event/session date (e.g. Therapy session, home-completed questionnaire, telephone follow-up). Date and the time of event rather than of data entry.

Date: / / **20**

Time: h m

Event/session duration

PLEASE TICK AS MANY AS NEEDED

YOUNG PERSON AND FAMILY ATTENDANCE

Child or young person	<input type="checkbox"/>
Caregiver	<input type="checkbox"/>
Other CYP (in a group)	<input type="checkbox"/>
Other caregiver (in a group)	<input type="checkbox"/>
Others	<input type="checkbox"/>

ABOUT QUESTIONNAIRES

Did the practitioner give out at least one questionnaire?	<input type="checkbox"/>
Did a parent/carer refuse to complete a questionnaire (at least one) ?	<input type="checkbox"/>
Did a child/young person refuse to complete a questionnaire (at least one) ?	<input type="checkbox"/>

Indicate here if consent to share data has been withdrawn

NUMBER OF ATTENDING PROFESSIONALS

Nursing professional	<input type="checkbox"/>
Medical professional	<input type="checkbox"/>
Psychology professional	<input type="checkbox"/>
Primary mental health professional	<input type="checkbox"/>
Child and adolescent psychotherapy professional	<input type="checkbox"/>
Family therapy professional	<input type="checkbox"/>
Counselling professional	<input type="checkbox"/>
Occupational therapy professional	<input type="checkbox"/>
Social work professional	<input type="checkbox"/>
Other therapy qualified professional	<input type="checkbox"/>
Creative therapy professional	<input type="checkbox"/>
Educational psychology professional	<input type="checkbox"/>
Other education professional	<input type="checkbox"/>
Other qualified staff	<input type="checkbox"/>
Other unqualified staff	<input type="checkbox"/>

EVENT/SESSION CONTACT MEDIUM (PLEASE TICK ONLY ONE)

Face-to-face	<input type="checkbox"/>	Phone	<input type="checkbox"/>	SMS	<input type="checkbox"/>	Mail	<input type="checkbox"/>
Web	<input type="checkbox"/>	Video link	<input type="checkbox"/>	Email	<input type="checkbox"/>	Other	<input type="checkbox"/>

EVENT/SESSION OCCURRED (PLEASE TICK ONLY ONE)

During Therapy	<input type="checkbox"/>	Follow-up – Case Closure	<input type="checkbox"/>
Follow-up – 6-monthly	<input type="checkbox"/>	Other	<input type="checkbox"/>

Event /Session Details 2

LOCATION OF THE CAMHS APPOINTMENT			
PATIENT MAIN RESIDENCE OR RELATED LOCATION		Day Centre premises	<input type="checkbox"/>
Patients Home	<input type="checkbox"/>	Resource Centre premises	<input type="checkbox"/>
Carers Home		DEDICATED FACILITIES FOR CHILDREN AND FAMILIES	
Patients workplace	<input type="checkbox"/>	Sure Start Children's Centre	<input type="checkbox"/>
Other patient related location	<input type="checkbox"/>	Child Development Centre	<input type="checkbox"/>
HEALTH CENTRE		EDUCATIONAL, CHILDCARE AND TRAINING ESTABLISHMENTS	
Primary Care Health Centre	<input type="checkbox"/>	School	<input type="checkbox"/>
Polyclinic	<input type="checkbox"/>	Further Education College	<input type="checkbox"/>
GENERAL PRACTITIONER AND OPHTHALMIC MEDICAL PRACTITIONER PREMISES		University	<input type="checkbox"/>
General Medical Practitioner	<input type="checkbox"/>	Nursery premises	<input type="checkbox"/>
General Dental Practice	<input type="checkbox"/>	Other childcare premises	<input type="checkbox"/>
Ophthalmic Medical Practitioner premises	<input type="checkbox"/>	Training establishments	<input type="checkbox"/>
WALK IN CENTRES, OUT OF HOURS PREMISES AND EMERGENCY COMMUNITY DENTAL SERVICES		Other educational premises	<input type="checkbox"/>
Walk In Centre	<input type="checkbox"/>	JUSTICE AND HOME OFFICE PREMISES	
Out of Hours Centre	<input type="checkbox"/>	Prison	<input type="checkbox"/>
Emergency Community Dental Service	<input type="checkbox"/>	Probation Service premises	<input type="checkbox"/>
LOCATIONS ON HOSPITAL PREMISES		Police Station	<input type="checkbox"/>
Out-Patient Clinic	<input type="checkbox"/>	Young Offenders Institution	<input type="checkbox"/>
Ward	<input type="checkbox"/>	Immigration Centre	<input type="checkbox"/>
Day Hospital	<input type="checkbox"/>	PUBLIC PLACE	
Accident and Emergency or Minor Injuries Department	<input type="checkbox"/>	Street or other public open space	<input type="checkbox"/>
Other Departments	<input type="checkbox"/>	Other publicly accessible area or building	<input type="checkbox"/>
Hospice	<input type="checkbox"/>	Voluntary or charitable agency premises	<input type="checkbox"/>
NURSING AND RESIDENTIAL HOMES		Dispensing Optician premises	<input type="checkbox"/>
Residential Care Home	<input type="checkbox"/>	Dispensing Pharmacy premises	<input type="checkbox"/>
Nursing Home	<input type="checkbox"/>	Other locations not classified elsewhere	
Children's Home	<input type="checkbox"/>		

Has there been a key crisis or issue that needs to be taken into account at this point (e.g., newly revealed self harm, bereavement, trauma?)

yes

no

PLEASE PROVIDE ID NUMBERS OF ATTENDING PRACTITIONERS AND SELECT THE LEVEL OF THEIR IAPT TRAINING

PRACTITIONER 1 (LEAD)		PRACTITIONER 2		PRACTITIONER 3	
ID:		ID:		ID:	
IAPT trained	<input type="checkbox"/>	IAPT trained	<input type="checkbox"/>	IAPT trained	<input type="checkbox"/>
In training	<input type="checkbox"/>	In training	<input type="checkbox"/>	In training	<input type="checkbox"/>
Not IAPT trained	<input type="checkbox"/>	Not IAPT trained	<input type="checkbox"/>	Not IAPT trained	<input type="checkbox"/>