



Lewisham  
Virtual School



CAMHS & Educational  
Psychology

South London and Maudsley   
NHS Foundation Trust

## Virtual School CAMHS Team Consultation Request Form

To be completed and signed jointly by a Virtual School and the child or young person's social worker.

### Identifying information about the child/young person:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact number: \_\_\_\_\_

### Requester's Information:

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

### Other key professionals:

Allocated Social Worker: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Social Work Team: \_\_\_\_\_ Email address: \_\_\_\_\_

Supervising Social Worker: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

### Carer's contact details:

### Brief Description of current difficulties (for child, carers and/or Virtual School):

What do you hope the consultation will provide with regards to helping with these difficulties?

**Service user involvement**

Does the Child/Young Person know of this request (delete as appropriate)? Yes/ No  
If aware what is their view about the request? If they are not aware, what was the reason for this?

**Current Legal Situation/Consent:**

Who has parental responsibility?

Legal Status (please delete where appropriate): Full Care Order  
Interim Care Order  
With parental consent (S.20)

**Education:**

Current School/College placement (including contact details):

**G.P.Name:**

Address:

Telephone:

Does the GP know this child/young person well (delete as appropriate)? Yes/No

**Is there any other information that would help inform the consultation?**

**Virtual school team staff**

Name (print):

Date:

Signature: **LAC Social Worker**

I agree to this request for consultation being made on behalf of the child/young person named above and I agree to the Lewisham CAMH service sharing information about the young person with the Lewisham LAC Virtual School Team

Name (print):

Date:

Signature:

**Please email to the relevant Phase Leader or High Intervention Team Worker at the Virtual School, who will ensure that this is passed on.**