



TRANSITION TEAM

Little Woodhouse Hall, 18 Clarendon Road, Leeds LS2 9NT
Tel: 0113 305 7200
Fax: 0113 305 7201

CONSULTATION FORM

NAME OF YOUNG PERSON/DATE OF BIRTH	
PARENT / GUARDIAN	
ADDRESS/TELEPHONE	
WHAT WORK HAS BEEN UNDERTAKEN SO FAR BY CAMHS?	
CAMHS Practitioner/Case manager	
DATE OF CONSULTATION	
REASONS FOR TRANSITIONAL SUPPORT AND SUMMARY OF SUPPORT WANTED Current mental health concerns, including history of difficulties, medication, significant life events.	
RISK FACTORS Are there any current risk factors to take into consideration when working with this young person? Is a risk assessment completed?	
DISCUSSED WITH YOUNG PERSON AND FAMILY Has the referral been discussed with the young person and their family and do they agree to it?	
ADDITIONAL INFORMATION Any additional information that the young person would like the Transition Worker to know about them?	
ACTION PLAN:	

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