



The Crown Medical Centre

Venture Way, Taunton, TA2 8QY

Tel: 01823 282151

Fax: 01823 250179

PARENT CONCERN FORM (based on CAMHS referral form)

Thank you for taking your time to complete this form.

Please return back to the Crown Medical Centre Reception Desk clearly stating your child's name, date of birth and which doctor is dealing with your concern.

Child's name	
Child's date of birth	
GP/Health carer dealing with your concern	
Name of Pre-school, School or College	
Your relationship to the child	
Who has parental responsibility?	
Who is living in the child's home?	
What are their relationship to the child	
Details of any separated parent?	

What are the specific difficulties that you wish to address?

How long has this been a problem and why are you seeking help now?

Is the problem situation-specific or more generalised?

What is your understanding of the problem/issues involved.

Do you believe drugs or alcohol to be a problem with your child?

What are the child/young person's and parent/carer's view of the referral?

What are your anticipated outcomes?

What are the child/young person's and parent/carer's anticipated outcomes?

What risks are there to the young person, their family or others if this problem is not addressed?

Has there been any previous contact with a local mental health service for your child? Locally or elsewhere? If so what was the outcome of that?



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Has there been any previous contact with social services?

People or groups supporting your child at present...eg good friend/supportive grandparent/helpful school/

Any family history of mental health problems

Any relevant history i.e. family, life events and/or developmental factors

Anything else you think we should know about?