



Child and Adolescent
Mental Health Services

Linn Dara Schools
Lily Suite
Linn Dara CAMHS Community Building
Cherry Orchard Hospital Campus
Dublin 10
D10 K033

Telephone: 01 795 6525
Fax: 01 437 0782
Email: info@linndaraschool.ie
www.linndaraschool.ie

REFERRAL FORM	
Linn Dara Community School Education Programme	
STUDENT DETAILS:	
Full Name	
Address	
Date of Birth:	Age: yrs mths
Home Phone/Mob:	Student Mob:
PPSN:	NATIONALITY:
PARENT/GUARDIAN DETAILS:	
MOTHER / LEGAL GUARDIAN (Please CIRCLE one)	FATHER / LEGAL GUARDIAN (Please CIRCLE one)
Full Name	Full Name
Address	Address
Home Ph/Mobile:	Home Ph/Mobile:
Email:	Email:
Has consent for this referral been given? Yes/No (Please CIRCLE one)	Has consent for this referral been given? Yes/No (Please CIRCLE one)





SCHOOL DETAILS		
Name of School	Address	
Last Day at School:	School Year/ Level:	
Principal	Tel No:	
	eMail:	
Year Head:	Tel No:	
	eMail:	
Guidance Counsellor/Other Link Person	Tel No:	
	eMail:	
Diagnosed SEN:		
<i>Please include educational assessments and previous school reports with this form if available.</i>		
CAMHS TEAM DETAILS		
Referred By:	Role:	
CAMHS Team:	Address:	
Referring Agent:	Tel No:	
	eMail:	
Length of time working with student:		
<i>Identified person on the referring CAMHS team who will liaise with Linn Dara School</i>		
Name:	Tel No:	
	eMail:	
Please outline the reason for referring the student to Linn Dara School Education Programme		

What has been the students' experience of school/education to date?	
What are the students' strengths/needs?	
STRENGTHS	NEEDS
Please outline the students' views and expectations of participating in this programme?	
Please outline the parents/guardian's views and expectations of participating in this programme?	

<p>Has the student participated in any other educational interventions to date? If yes, please give details.</p>	
<p> </p>	
<p>Please outline the nature of the students' referral to CAMHS and therapeutic interventions to date:</p>	
<p> </p>	
<p>RISKS: - Please specify circumstances where the student or others have been at risk and/or behaviours of concern, incidents of violence and/or self-harm etc. which the student has been involved in.</p>	
<p> </p>	
<p>What are the potential risk factors for this student?</p>	<p>Outline student's strategies for managing risk to self and others</p>
<p> </p>	<p> </p>
<p>Please outline any current stressors for the student.</p>	
<p> </p>	

Any other information regarding risks or safety concerns for this student.		
Please outline any potential barriers or difficulties which may affect student participation in the Linn Dara School Education Programme.		
Is the student on a waiting list or being referred to any other mental health service? If so, Please complete the details below.		
Day Hospital:	Inpatient Unit:	
Adult Community Mental Health Team:	Other (Please Specify):	
<i>Please complete fully and return by email or post to:</i>		
Principal, Linn Dara School Linn Dara CAMHS Approved Centre Cherry Orchard Hospital Campus Dublin 10 D10 XR23	Phone:	01 – 795 6491
	Email:	info@linndaraschool.ie