

Referral Form for the Gender Identity Development Service (GIDS)

Young people referred to GIDS are frequently struggling with issues such as communication and relationship difficulties, bullying and discrimination, low mood and anxiety, and a number also self-harm. These experiences are often linked to a young person's gender identity. In our experience a young person is optimally supported when GIDS and the local CAMHS work in partnership. We support this by joining local network meetings, where we can participate in multi-agency discussions which may include the family and may also include the school. We can provide consultation and supervision, for example to professionals providing psychotherapy, around gender issues. We can also provide literature and further information relevant to gender identity and the young person we are seeing.

As a national service, we believe that the local CAMHS is best placed to monitor and manage risk, such as self-harm and suicidal ideation. CAMHS are also in the best position to provide more regular support to the young person and their families. If the referral to GIDS is not being made by CAMHS, and if there is identified risk, we request that a concurrent referral is made to CAMHS as well as to our service. We will be unable to accept referrals with identified risk without ongoing CAMHS involvement or a referral to CAMHS.

Please complete the sections in this referral form with as much information as you can to avoid delays in processing the referral. We use contact information provided by referrers to contact patients so please ensure this is up to date. We also need to know who holds parental responsibility, if we have consent for the referral from the parent/carer and to whom correspondence should be addressed (e.g. parent/carer & young person or young person only). Our preferred method of contact is email so please provide this where possible.

If this information is not provided, we will have to follow this up with you which may delay the referral being processed.

Please note that GIDS only sees young people up to the age of 18. Unfortunately, we are unable to accept self-referrals from young people or their families. Please contact your GP, CAMHS clinician or other health, social care, or education professionals for a referral to the service.

Please send the completed form to tpn-tr.gidstransfer@nhs.net

Patient Details		Date of Referral* <Today's date>		
Full Legal Name*	<Patient Name>	Date of birth	<Date of Birth>	
Preferred name (if different)		Sex assigned at birth	<input type="checkbox"/> Female	<input type="checkbox"/> Male

Address*	<Patient Address> POSTCODE: <Patient Address>	NHS Number	<NHS number>
		Patient Mobile	<Patient Contact Details>
Patient email address	<Patient Contact Details>	Patient Telephone	<Patient Contact Details>
Ethnicity	<Ethnicity>	Is the young person an ex-member of the British armed forces or a dependent of such a person?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes, ex-services member <input type="checkbox"/> Yes, dependent of an ex-services member
Who holds parental responsibility?			
Consent for referral from young person:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Consent for referral from Parent	<input type="checkbox"/> YES <input type="checkbox"/> NO
Who should all correspondence be addressed to?		<input type="checkbox"/> Young person only <input type="checkbox"/> Parent/carer and young person	

Parent/Carer 1 Details:		Relationship to patient:	
Name		Telephone number	
Address (if different to patient)		Email address	
Parent/Carer 2 Details:		Relationship to patient:	
Name		Telephone number	
Address (if different to patient)		Email address	

Referrer Details

Name: <Sender Name>	Job title:
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Organisation: <Organisation Details>	Address: <Organisation Address>
Telephone: <Organisation Details>	Email* (required): <Organisation Details>

GP Details (if different to referrer)

GP Name: <GP Name>	GP Practice:
GP Address:	GP contact details:

Accessible Patient Information Requirements

Does the patient require communication support? Please specify	
Does the patient require specific contact method? Please specify	
Does the patient require a communication professional? (i.e. interpreter) Please specify	
Does the patient require a specific patient information format? Please specify	

Referral Details

Reason for Referral

(Young person's gender history and experience, preferences for a different name or pronouns, living in their preferred gender, etc)

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Are there risk issues and how are these currently being managed?

(self-harm, suicide attempts or ideation, other risk-taking behaviours or domestic abuse/violence, both historic or current)

Associated difficulties (e.g. mood, autistic spectrum and learning disabilities) and developmental history
Psychosocial difficulties (may include social relationships, bullying and discrimination, low mood, anxiety, body image, self-esteem)
Family structure and circumstances (details of birth parents, sibling and current living arrangements, mental health issues in the family)
Significant family life events (e.g. miscarriages, separations, bereavements or migration) with dates

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Is the child subject to a:	If historic, please indicate when	Yes	No
Child in need plan		<input type="checkbox"/>	<input type="checkbox"/>
Child Protection Plan. Please specify which categories:		<input type="checkbox"/>	<input type="checkbox"/>
Child in Care (LAC) Plan		<input type="checkbox"/>	<input type="checkbox"/>
Any other legal status (Children Act; Criminal Justice, Mental Health Act, etc.)?		<input type="checkbox"/>	<input type="checkbox"/>

Involvement of other agencies (e.g. social services, CAMHS, voluntary sector, support groups etc) and their contact details	
Name: Job Title: Organisation: Telephone Number: Email Address: What support is being offered:	Name: Job Title: Organisation: Telephone Number: Email Address: What support is being offered:

The GIDS is a national specialist service that works collaboratively with local services to meet the holistic needs of the families and young people we see.

Please outline your plans for continued involvement

