

## **CAMHS Obsessive Compulsive Disorder Service**

Please include the following information when referring to our service:

- Gender
- Date of birth
- Parent/Carer's full name
- Contact details including address, home/mobile phone
- GP details
- Current summary of presenting problems/history
- Summary of current/previous treatment
- Questions for the team in relation to a suspected diagnosis of OCD or related problem

***You can also attach additional documents to your online referral including:***

- Any relevant reports relating to the young person referred ex:
  - Previous treatment summaries ex: cognitive behaviour therapy
  - Summaries in relation to any hospital admissions
  - Previous assessments ex: psychometric testing reports