

## Sleep Team Referral from CAMHS

Please complete all relevant details in the form below. Some boxes are required for your referral to be submitted.

### Referral Date:

### Patient Details

<b>Full Name of Patient:</b>	
<b>Date of Birth:</b>	
<b>NHS Number:</b>	
<b>Address:</b>	
<b>Telephone number:</b>	
<b>Family Contact email address:</b>	

### Referring Clinician Details

<b>Name of Referrer:</b>	
<b>Referring Hospital/Centre</b>	
<b>Referrer's Professional Title</b>	
<b>NHS Email address:</b>	

**Details of Referral**

**Established Diagnoses:**

**Current Medications:**

**Reason for CAMHS Involvement:**

**Previous and current therapeutic support provided by CAMHS:**

**Primary sleep concerns and reason for referral:**

**Previous interventions to support sleep:**

**What do you feel the sleep service can provide that cannot be provided within the CAMHS service?**

**Are there any current or historic safeguarding concerns?**

**If yes, please briefly outline the concerns and the level of involvement of social care (including whether the child is on a child protection plan or child in need plan):**

**Please indicate which of the following suspected diagnoses are present. Please click all that apply and include the requested details/reports when available.**

*Please note, the sleep service does not have capacity to provide psychological support for the following:*

- *Where risk is being actively monitored and managed*
- *Generalised anxiety*
- *School related anxiety/phobia/school refusal*
- *Where the sleep difficulty is predominantly secondary to a mental health disorder/ emotional regulation difficulty/ systemic concern*
- *Where a mental health disorder is impacting multiple areas of the young person's life/ functioning, of which disturbed sleep is understandably one*

*The following resources may also be helpful:*

- *Teen sleep hub: <https://teensleephub.org.uk/>*
- *The sleep charity: <https://thesleepcharity.org.uk/information-support/children/>*
- *'What to Do When You Dread Your Bed' by Dawn Huebner.*

**Chronic Insomnia in the Context of a Neurodevelopmental and/or Complex Medical Disorder**

*Please ensure support from local services has been provided to optimise sleep habits and behaviours prior to referral if any of the above are present.*

	Difficulty settling to sleep at the start of the night
	Dependent on the presence of a parent/carer or technology whilst falling asleep
	Recurrent problematic night waking
	Early morning waking

	<b>Anxiety Related Chronic Insomnia</b>
	Young people where there is an emotional difficulty specifically associated with going to bed or sleep
	Young people where anxiety is the primary driver of difficulty initiating or maintaining sleep

	<b>Challenging Behaviour During the Day</b>
	If there is challenging behaviour in the daytime and parents are lacking capacity to implement boundaries, behavioural sleep programmes are very unlikely to be effective. Before referring to the sleep service, parents should be referred to behavioural support services.

	<b>Circadian Rhythm Disorder</b>
	Delayed sleep wake phase syndrome
	Advanced sleep wake phase syndrome
	Non-24 hour sleep wake phase syndrome
	Irregular sleep wake phase syndrome

	<b>Suspected Sleep Related Rhythmic Movement Disorder</b>
	Repetitive, stereotyped, and rhythmic motor behaviours involving large muscle groups. The movements are predominantly sleep related, occurring near nap or bedtime, or when the individual appears drowsy or asleep. The behaviours result in a significant complaint as manifest by at least one of the following: interference with normal sleep, significant impairment in daytime function, self-inflicted bodily injury or likelihood of injury if preventive measures are not used.

	<b>Difficulty with Sleep Initiation or Maintenance Secondary to Suspected Restless Legs Syndrome</b>
	An urge to move the legs, usually accompanied by or thought to be caused by uncomfortable and unpleasant sensations in the legs. These symptoms must begin or worsen during periods of rest or inactivity, such as lying down or sitting; be partially or totally relieved by movement, such as walking or stretching, at least as long as the activity continues; occur exclusively or predominantly in the evening or at night, rather than during the day.

	<b>Suspected Narcolepsy</b>
	Excessive Daytime Sleepiness
	Cataplexy
	Sleep related hallucinations
	Sleep paralysis
	Recent weight gain

	<b>Suspected Kleine-Levin Syndrome</b>
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	Recurrent episodes of excessive sleepiness and sleep duration, each persisting for two days to five weeks. The patient has normal alertness, cognitive function, behaviour, and mood between episodes. At least one of the following is present during episodes: cognitive dysfunction, altered perception, eating disorder (anorexia or hyperphagia) or disinhibited behaviour (such as hypersexuality).
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**Sending your Referral**

**Please save this form to your computer and then send it to us by email to [paedssleepadmin@uhs.nhs.uk](mailto:paedssleepadmin@uhs.nhs.uk) with the patient's initials and NHS number in the subject line.**