|  |  |
| --- | --- |
| Date referral |  |

Client Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does the young person consent to the referral? | | | Yes  No *- if no, please inform referrer that this consent needs to be sought before we are able to accept the referral.* | | | |
| Forename |  | | Family Name | |  | |
| Nickname |  | | Previous Family Name | |  | |
| Date of Birth |  | | Age | |  | |
| If young person is under 13, parental consent is required. Does the parent consent for the young person to be referred to us? | | | Yes  No *- if no, please inform referrer that this consent needs to be sought before we are able to accept the referral.* | | | |
| If young person is over 19, please give details around learning disability or vulnerability | | |  | | | |
| Gender | Male  Female | | Nationality | |  | |
| Preferred Language |  | | Speaks English | | Yes  No | |
| Religious beliefs |  | | Ethnicity | |  | |
| Disabilities |  | | | | | |
| Address |  | | | | | |
| Postcode | |  | | | | |
| Contact Number | |  | | Contact Info *(i.e mums mobile, contact times)* | |  |
| Alternative Contact Number | |  | | Alternative Contact Info | |  |

Guardian Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are parents / carers aware of this referral? | | | Yes  No | |
| If not, why? |  | | | |
| Name of next of kin |  | Relationship | |  |
| Contact number(s) |  | | | |
| Contact Info *eg best time to call* |  | | | |

Referrer Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name of referrer |  | | |
| Name and address of organisation |  | | |
| Relationship to client |  | | |
| Mobile number |  | Phone number |  |
| Contact info *e.g. best time to call* |  | | |
| E-mail address |  |  |  |
| How did you hear about our service? |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is the client a parent/carer of young person using substances? | Yes  No | | | |  | | | | |
| Reason for referral / General notes | | | | | | | | | |
| * What happened to prompt referral? * What are they using? * How much/how often? * How long have they been using? * Ask about friends, family, positive and negative things. * What are they worried about? * What does yp think about their behaviour/drug use? * What do parents think? * What has happened so far for support? * Mental health? * Police? YOT? * School/college support? * What does yp hope to get from our service? YP views. (check yp has actually said why they want support) * If appropriate, any cse/cce risk screening * Any witnessing/experiencing domestic abuse/ ACE’s we should be aware of? | | | | | | | | | |
| Substance\* | Frequency | Quantity | Route\* | | | Cost | Last used | Age first used\* | Prescribed |
| 1 |  |  |  | | |  |  |  |  |
| 2 |  |  |  | | |  |  |  |  |
| 3 |  |  |  | | |  |  |  |  |
| Has the young person ever injected? | | Previously  Currently  Never  Client declined to answer | | | | | | | |
| Has the young person injected the last 30 days? | | | | Yes  No | | | | | |
| Any potential risks or concerns *If referrer has a risk assessment for client,  request a copy* | | Also any risks to worker doing home visit, is it recommended or are there other people there who aren’t safe?  Any pets? (allergies, dog bites etc.) | | | | | | | |
| Initial contact arrangements *e.g. will referrer set up first appointment, contact young person directly* | |  | | | | | | | |

Multi Agency

|  |  |
| --- | --- |
| Is the family receiving any statutory interventions? | Section 17 – Child in Need □ Section 47 – Child Protection  LAC  FSP  Other Children Services involvement  No  Not known |
| Lead Professional/Social Worker |  |
| Are there any other services involved with the family? | Young Carers, YOT, education, Early help etc. |

Client GP details

|  |  |
| --- | --- |
| GP Surgery |  |
| Phone number |  |
| Address |  |

Please return referral form via email to: unity@matthewproject.org