



Referral Form

Details of Young Person

<u>Details of Young Person</u>		
Name:	Date of Referral:	
Address:	Address/ number where young person can be contacted and who to speak to/ leave message with:	
Telephone no:	Sex:	
Age:	Date of Birth:	
Does a CAF Assessment process already exist for this YP?	If there is a CAF, who is the Lead Professional?	
Please state whether the young person is a looked after child Yes/No	How did the referrer/young person hear about the service?	
Has the young person been referred before? Yes/No	Can you confirm that the young person knows about this referral?	
If yes, please state why re-referring	GP contact details:	
Is the young person's parent/guardian aware of the referral? YES/NO	At which school does the client attend?	
If yes, can they be contacted?		
Do you consider the young person to have any specific cultural, mobility and or communicational needs? Yes/No	Ethnic origin:	
Other professionals involved with the young person: <input type="checkbox"/> Social Worker <input type="checkbox"/> YOT team worker * <input type="checkbox"/> Youth worker / Connexions <input type="checkbox"/> Residential care worker <input type="checkbox"/> Doctors/nurses <input type="checkbox"/> Mental Health Services – <i>NB essential information - Yes/No/Not known *</i> Other _____	Legal situation (if known): <input type="checkbox"/> Referral Order <input type="checkbox"/> Supervision Order <input type="checkbox"/> DTO licence <input type="checkbox"/> Action Plan <input type="checkbox"/> Community Rehab order <input type="checkbox"/> With Probation Released from prison date _____	
Education: <input type="checkbox"/> Attending <input type="checkbox"/> Not attending	Employment: <input type="checkbox"/> Employment <input type="checkbox"/> Unemployed	Risk Factors: <input type="checkbox"/> Suicide / self harm * <input type="checkbox"/> Physical Violence <input type="checkbox"/> Sexual exploitation * <input type="checkbox"/> Other
Main Drug (s) of use: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Duration of drug usage: <input type="checkbox"/> Recreational <input type="checkbox"/> Frequently/weekly <input type="checkbox"/> Heavy/daily	

Referrers Details

Name:	Position/Title:
Address and telephone contact:	
Referral Source: <ul style="list-style-type: none"><input type="checkbox"/> CAMHS<input type="checkbox"/> CDT<input type="checkbox"/> Connexions<input type="checkbox"/> DIP<input type="checkbox"/> GP<input type="checkbox"/> GRIP<input type="checkbox"/> Homeless Team<input type="checkbox"/> LDAT<input type="checkbox"/> Leaving Care/Social Services<input type="checkbox"/> Other please specify _____<input type="checkbox"/> Parent/Carer<input type="checkbox"/> PCT<input type="checkbox"/> Police<input type="checkbox"/> PPO<input type="checkbox"/> Probation<input type="checkbox"/> School<input type="checkbox"/> Self<input type="checkbox"/> Sexual Health Services<input type="checkbox"/> Statutory Service<input type="checkbox"/> Youth and Community<input type="checkbox"/> Youth Offending Team<input type="checkbox"/> Youth Service	Other issues affecting young person: <ul style="list-style-type: none"><input type="checkbox"/> Behaviour issues<input type="checkbox"/> Drug/alcohol using family<input type="checkbox"/> Family/relationship issues<input type="checkbox"/> Homeless<input type="checkbox"/> Housing issues (not homelessness)<input type="checkbox"/> In care/foster home<input type="checkbox"/> Learning Difficulties<input type="checkbox"/> Leaving care Worker<input type="checkbox"/> Looked after by LA<input type="checkbox"/> Mental Health<input type="checkbox"/> None<input type="checkbox"/> Other _____<input type="checkbox"/> Physical issues i.e. Disability<input type="checkbox"/> Pregnant<input type="checkbox"/> Psychological/Emotional issues<input type="checkbox"/> School – Attends PRU<input type="checkbox"/> School - Excluded from<input type="checkbox"/> School – Truant<input type="checkbox"/> Young Carer<input type="checkbox"/> Young Offender

Any other important information:

Youngaddaction Information Centre 6 – 8 Kensington Road Morecambe LA4 5LX	<p>Covering Fylde & Wyre Claire Helme-Fawcett 07789 397947 Ali Smith 07789 397959</p> <p>Covering Lancaster & Morecambe Ciaran Todd 07810 507181 Jo Rose 07771 652641</p> <p>Gill Ford 07500 991870 Tier 2 Alcohol Worker Lancashire North Mari Ryan 07810 527152 Aspire Co-ordinator</p>
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