**Referral Form
*To be completed by the referring agency***

**Treatment/ Affected other (please circle)
Consent gained date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTERNAL ONLY: Triage completed date: \_\_\_\_\_\_\_\_\_\_ Allocated: \_\_\_\_\_\_\_\_\_\_ AQ: \_\_\_\_\_\_\_**

**Name of young person:
Date of birth of young person:
Address:

Contact number:**

**Male: Female: Trans:**

|  |
| --- |
| Ethnicity |
| White British.  | White Asian. | Other Asian/British |
| White Irish. | Other mixed. | Caribbean/Black British |
| Other white. | Indian/Asian British | African/Black British |
| White/Black British | Pakistani/Asian British | Chinese/Other Ethnic |
| White/Black African | Bangladeshi/Asian British | Other |

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**Referring agency:
Address of referring agency:
Contact Name/Number/E-mail:**

**Please advise on any additional specific needs or requirements of this Young Person:**

**Please advise on any Mental Health concerns for this Young Person:**

***For the young person to complete themselves (where possible)***

***For the young person to complete themselves (where possible***

Please circle your answers to the below questions:

* Do you use drugs and/or alcohol? **Yes No**
* If your answer is yes, please circle which you have used from the following:

**Cannabis Alcohol**

**NPS – Spice/Mamba etc Cocaine**

**MDMA /Ecstasy Gases/Glues/Aerosols/Balloons**

* If you have used any other substances that are not listed above please write them here:
* Who do you live with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are you happy/stable there? **Yes No**
* Do you currently have adults in your life who support you? **Yes No**
* Are you currently involved in any of the following, please circle:

**Education Training Employment None of these (NEET)**

* Have you been arrested in the last 6 months? **Yes No**
* Are you or have you been sexually active? **Yes No**
* Would you like any advice, support or health about
sexual health or relationships? **Yes No**
* Are you friends with or do you live with anyone
who uses drugs or alcohol? **Yes No**

**Risk Assessment Screening Tool
*Please tick where appropriate***

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| --- | --- | --- |
| Service | Involvement? | Contact details |
| Social Care  | NO |  |
| CAMHS  | NO |  |
| GP  | Registered?  |  |
| Youth Offending/YISP | YES/ |  |
| Recovery Near You | YES/NO/PREVIOUS |  |
| EHA  | YES/NO/PREVIOUS |  |
| Family Worker  | YES/NO/PREVIOUS |  |
| Education | YES/NO/PREVIOUS |  |
|  | YES/NO/PREVIOUS |  |
|  | YES/NO/PREVIOUS |  |

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| **Section 1**Drug and alcohol use |
| Drug type |
| 1 | Tobacco |
| 3 | Cannabis |
| 3 | Alcohol |
| 4 | Misuse of prescribed drugs |
| 4 | Legal Highs/NPS - Spice, Mamba e.t.c |
| 4 | Other – Specify |
| 5 | LSD |
| 5 | Amphetamine |
| 5 | Cocaine  |
| 5 | Ecstasy |
| 10 | Crack Cocaine |
| 10 | Heroin |
| 10 | Solvents |
| Substance Use - Frequency |
| 1 | Occasional drug/alcohol use |
| 2 | Monthly drug/alcohol use |
| 3 | Weekly drug/alcohol use; List the number of days out of 7: |
| 4 | Daily drug/alcohol use |
| 10 | Currently injecting |
| **Total section 1:** |
| **0-4 – Low Risk** |
| **5-9 – Medium Risk** |
| **10 and above – High Risk** |

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| **Section 2**Social situation/behaviour |
| Living situation |
| 5 | Problems with accommodation, insecure or inadequate housing |
| 5 | Looked after by Local Authority |
| 10 | Homeless |
| Adult support |
| 2 | Has limited support from one adult |
| 5 | Has no supportive relationships with adults |
| 6 | Problematic relationships (e.g. Friends, peers) |
| Occupation/Education |
| 2 | Not in education/employment/training (16-19) |
| 5 | Truanting from school/at risk of school exclusion |
| 8 | Not in education/employment/training (11-16) |
| Criminal Involvement |
| 2 | At risk of involvement in the Criminal Justice System |
| 5 | Involved in Criminal Justice System |
| Sexual behaviour |
| 5 | Unsafe sexual behaviour |
| 10 | Sexual exploitation / CSE concerns |
| 10 | Victim or perpetrator of sexual abuse |
| Contact with other substance users |
| 2 | Some friends who use drugs/alcohol and some who don’t |
| 4 | All friends use drugs/alcohol |
| 4 | Known drug/alcohol misuse among close family member(s)/carers |
| 5 | Significantly affected by someone else’s drug/alcohol misuse. |
|  | **Total section 2:** |
|  | **0-4 – Low Risk** |
|  | **5-9 – Medium Risk** |
|  | **10 and above – High Risk** |

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| **Section 3**General and psychological health |
| General health |
| 5 | Chronic fatigue |
| 5 | Severe sleep problems |
| 5 | Self neglect |
| 10 | Extreme weight loss |
| 10 | Blackouts and/or memory loss |
| 10 | Pregnant |
| 10 | Fitting |
| 10 | Accidental/planned overdose |
| Psychological health |
| 2 | Low self esteem |
| 2 | Mild anxiety |
| 5 | Eating disorder/marked change in eating pattern (e.g. loss of appetite/bingeing) |
| 5 | Frequent bouts of unhappiness/depression |
| 10 | Severe anxiety/panic attacks |
| 10 | Suicide attempts |
| 10 | Severe paranoia |
| 10 | Hallucinations (when not under the influence of drugs/alcohol) |
|  | **Total section 3:** |
|  | **0-4 – Low Risk** |
|  | **5-9 – Medium Risk** |
|  | **10 and above – High Risk** |