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

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:

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

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	

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

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

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	