

Referral Form

(To be completed by the referring agency)

Referral for young persons: Own substance use Parent/sibling substance use
Is the client aware of and consented to the referral: Yes No
Is the parent/carer aware of this referral: Yes No
Next of Kin name/contact number: [Click here to enter text.](#)
Consent to contact next of kin: [Click here to enter text.](#) Yes No
Date Consent gained: [Click here to enter text.](#)
What does the young person want to achieve from engaging in the service?: [Click here to enter text.](#)

Young Persons Details

Name: [Click here to enter text.](#)
DOB: [Click here to enter text.](#)
Address: [Click here to enter text.](#)
[Click here to enter text.](#)
Post Code: [Click here to enter text.](#)
Contact number: [Click here to enter text.](#)
Gender: [Click here to enter text.](#)
Ethnicity: [Click here to enter text.](#)
Religion: [Click here to enter text.](#)
GP Details: [Click here to enter text.](#)

Referrer Details

Referrer: [Click here to enter text.](#)
Role/job title: [Click here to enter text.](#)
Referring agency name and address: [Click here to enter text.](#)
[Click here to enter text.](#)
Post Code: [Click here to enter text.](#)
Office telephone number: [Click here to enter text.](#)
Mobile telephone number: [Click here to enter text.](#)
Email address: [Click here to enter text.](#)

For the young person to complete (where possible)

Do you use drugs or alcohol: Yes No

Does a member of your family use drugs or alcohol: Yes No

What substance do you/they use: [Click here to enter text.](#)

Route of use (smoke, sniff etc.): [Click here to enter text.](#)

Amount (money, bags, cans, bottles etc.): [Click here to enter text.](#)

Frequency of use (daily, twice a week, weekly, binge etc.): [Click here to enter text.](#)

Who do you live with: [Click here to enter text.](#)

Are you currently involved in: Education Training Employment NEET

Provider/School Details: [Click here to enter text.](#)

Are you or have you been sexually active: Yes No

Young person or partner currently pregnant: Yes No Unsure

Parental status: [Click here to enter text.](#)

Additional specific needs or requirements (learning difficulties, emotional/mental health, behavioural, family issues etc.): [Click here to enter text.](#)

Are there any Safeguarding issues or identified risks (lone working, home visits etc.) or any other relevant information: [Click here to enter text.](#)

Does the young person have: EHA CIN CP LAC MASE TAF

Details: [Click here to enter text.](#)

Date of next meeting: [Click here to enter text.](#)

Physical health concerns/diagnosis: [Click here to enter text.](#)

Mental health concerns/diagnosis: [Click here to enter text.](#)

Relevant medical history: [Click here to enter text.](#)

Have they been arrested in the last six months: Yes No

Are they currently or at risk of becoming involved in criminal activity: Yes No

If yes, please give details: [Click here to enter text.](#)

Consent for sharing information with the young person: Yes No

Any other professionals involved: [Click here to enter text.](#)

Once completed please return to :

Post: **Wolverhampton 360**

Recovery Near You

5-9 Pitt Street

Wolverhampton

WV3 0NF

Secure Email: bsmhft.recoverynearyou@nhs.net

Telephone : **0300 123 3360**

FOR OFFICE USE ONLY

Date allocated: [Click here to enter text.](#)

AQ[Click here to enter text.](#)

Key Worker: [Click here to enter text.](#)

1st Appointment offered: [Click here to enter text.](#)