

## 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:

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.](#)

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