



The Hub - Young People's Drug and Alcohol Service

REFERRAL FORM - YOU CAN PHONE US WITH A REFERRAL, BRING THE YP ALONG TO OUR BUILDING OR COMPLETE THIS FORM AND EMAIL IT TO: thehub@lifeline.org.uk

Date: Referral taken by:

Is the Young Person at immediate risk if they do not receive a service? YES NO

PLEASE ENSURE ALL SECTIONS OF THIS FORM ARE COMPLETED

1. REFERRERS DETAILS

Referrer's Name: Position:

Agency Name & Dept.: Name of School Lead (If Known):

Referrer's Address:.....

Contact Telephone Number: Email:

School/ College Name and Address:.....

2. PERSONAL DETAILS

Forename: Surname: Date of Birth: Age..... Male Female

Young Person's Residential Address:

..... Postcode: Telephone Number:

Has the Young Person given consent to be contacted at the above address & telephone number? YES NO

Has the Young Person given consent to contact his/her Parent/Carer? YES NO

Disability/Special Needs: Language Needs:

Is the Young Person a Looked After Child? YES NO

3. ACCOMMODATION

Living with Parent(s) <input type="checkbox"/>	Supported Housing/Hostel <input type="checkbox"/>	Children's Home -LA <input type="checkbox"/>
Family/Friends <input type="checkbox"/>	Living Independently <input type="checkbox"/>	YOI <input type="checkbox"/>
Residential School <input type="checkbox"/>	Foster Care <input type="checkbox"/>	No Fixed Abode <input type="checkbox"/>
Other (please specify):		

The Young Person is in:			
School <input type="checkbox"/>	College <input type="checkbox"/>	Unemployment <input type="checkbox"/>	
PRU <input type="checkbox"/>	Training <input type="checkbox"/>		
SEN <input type="checkbox"/>	Employment <input type="checkbox"/>	Other (please specify)	

Is the Young Person Excluded from School? YES NO

4. ETHNICITY

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>
White/Black Caribbean	<input type="checkbox"/>	White Black African	<input type="checkbox"/>	White/Asian	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Black British	<input type="checkbox"/>
Mixed Other	<input type="checkbox"/>	Asian Other	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Somali	<input type="checkbox"/>
Other (please specify):					

5. GP DETAILS

GP/Practice Name: Address:

..... Postcode: Telephone Number:

Has the Young Person given consent to contact his/her GP: YES NO

6. SUBSTANCE USE

PLEASE INDICATE MAIN DRUG OF CHOICE WITH AN *

Alcohol	<input type="checkbox"/>	Amphetamine	<input type="checkbox"/>	Benzodiazepines	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	GHB	<input type="checkbox"/>	LSD / Poppers	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	Magic Mushrooms	<input type="checkbox"/>	Solvents	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	Methadone	<input type="checkbox"/>	Novel Psychoactive Substances	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	Ketamine	<input type="checkbox"/>	Tobacco	<input type="checkbox"/>
Crack Cocaine	<input type="checkbox"/>	Steroids	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Other (please specify): If abstinent please state approximate time:.....					

Is client injecting? YES NO

7. ADDITIONAL INFORMATION

How would you describe the Young Person's Mental Health?
.....

Has a Common Assessment Framework (CAF) been completed for this Young Person? YES NO
If yes, please attach a copy with this referral if possible

Has a risk assessment been completed for this Young Person? YES NO
If yes, please attach a copy with this referral if possible

Please provide details of any risk issues and/or any other information that you think is relevant:
.....

7. OTHER PROFESSIONALS

Is the Young Person involved with:

YOT CAHMS/CSSS Social Services Any Other Agencies

Please provide details:

Are there any other agencies involved with the Young person or their family? YES NO
If yes, please list the names of the agencies and contact below:

Name of Agency	Name of Keyworker/Lead Person	Contact Tel. No. & Email

