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**YP REFERRAL FORM**

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| **Date of Referral** |  |
| **Has the young person agreed to this referral?** |  |
| **Is the parent/ carer aware of this referral** |  |

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| **Young Person’s Details** | |
| Name: | Date of Birth: |
| Ethnicity:  First Language: | Sexuality: |
| Sex: | Gender: |
| Address:  Postcode: | May we write: Y/N |
| Contact Number: | May we phone: Y/N |
| Parent/ Guardian Contact  Name:  Number:  Can we contact?: Y/N | School/ College: |

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| **Reasons for Referral** |
| Reason(s) for referral:  Drugs/Alcohol Contraception Support/Advice  Sexual Health (Gen.) Pregnancy Testing  STIs Pregnancy Options  Other (Describe):  Additional information: |
| Please provide details of any other agencies/professionals involved with young person/family:  YOS Police LAC Services Social Care    Other (Describe):  Contact  Name:  Agency:  Role:  Number:  Additional contact information: |
| Any further Information you feel relevant (school/home life/physical/emotional health): |
| Where would the Y.P. like to be seen? |

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| **Safeguarding and Risk** |
| Is it safe to complete home visits:  If no please give further details: |
| Please indicate if there are any other risks or vulnerabilities in relation to young person/ family that we need to be aware of: |

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| **Referrer Details** |  |
| Name: | Organisation: |
| Relationship to Young Person: |  |
| Contact Number: | Email: |
| Address:  Postcode: |  |

**Please email completed referral forms to** [**Lambeth@brook.org.uk**](mailto:Lambeth@brook.org.uk)