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**FWD Young People’s Drugs and Alcohol Service Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the parent/primary care giver aware of/in agreement with the referral?** | | | | | | | | | | **Yes** |  | | **No** | |  |
| **Is the young person aware of/in agreement with the referral?** | | | | | | | | | | **Yes** |  | | **No** | |  |
| **If no, please explain why in ‘Reason for referral’ below** | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | |
| **Young Person’s Details** | | | | | | | | **Referrer’s Details** | | | | | | | |
| **YP Name** |  | | | | | | | **Name of referrer** |  | | | | | | |
| **Age** |  | **DOB** |  | | | | | **Date of referral** |  | | | | | | |
| **Address** |  | | | | | | | **Referrer’s agency** |  | | | | | | |
| **Referrer’s contact details:** |  | | | | | | |
| **Postcode** |  | | | | | | |
| **Telephone** |  | | | | | | | **Child protection concerns, inc. abusive, violent relationships?** | | | **Yes** |  | | **No** |  |
| **Mobile** |  | | | | | | | *If yes, please give details (inc. lead agency/name of worker):* | | | | | | | |
| **Email** |  | | | | | | |
| **Preferred method of contact** |  | | | | | | |
| **Gender** |  | **Ethnicity** | | |  | | | **Would this young person pose any significant risk to staff or others?** | | | **Yes** |  | | **No** |  |
| **Nationality** | |  | | | | | | *If yes, please give details:* | | | | | | | |
| **Language spoken** | |  | | | | | |
| **Attending school?** | | **Yes** | |  | | **No** |  |
| **Other agencies involved** | | | | | | | | **Name and address of GP** | | | | | | | |
| **Name/agency** | | **email** | | | | | |  | | | | | | | |
|  | |  | | | | | |
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|  | |  | | | | | |
| **Reason for referral** | | | | | | | | | | | | | | | |
| *Concerns, drug use, please identify any risk factors such as mental health issues, emotional difficulties …*  **CHOICE OF SUBSTANCE:**  **REASON FOR REFERRAL:** | | | | | | | | | | | | | | | |

|  |  |
| --- | --- |
| **FWD RISK ASSESSMENT *(Must be completed by referrer)*** | |
| **NAME** |  |
| **DATE** |  |
| **ASSESSOR** |  |

*This list is a check list of risk factors for all clients misusing substances; it can be used as a summary or a brief assessment of current risk. Any positive responses require a management plan to minimise the risk, and should be followed up by a more detailed explanation.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Key: | Now | Current Behaviour/Issues | Past | Previous Behaviour/Issues | Never | Never engaged in behaviour |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **A. Substance Misuse Issues** | | Now | Past | Never | | A.1 Overdose | |  |  |  | | A.2 Dangerous substance use (overdose risk) | |  |  |  | | A.3 Health problems exacerbated by substance misuse | |  |  |  | | A.4 Dangerous injecting sites (e.g. groin, neck) | |  |  |  | | A.5 Sharing Equipment | |  |  |  | |  | Significant Risk - See Risk Summary | | | | |  | Risks disclosed by Third Party - See Risk Summary | | | | |  | |  |  |  | | **B. Mental Health** | | Now | Past | Never | | B.1 Mental health diagnosis/ contact with mental health professional | |  |  |  | | B.2 Ever been detained under the mental health act | |  |  |  | | B.3 In the Care Programme Approach (CPA) | |  |  |  | |  | Significant Risk - See Risk Summary | | | | |  | Risks disclosed by Third Party - See Risk Summary | | | | |  | |  |  |  | | **C. Forensic History** | | Now | Past | Never | | C.1 Violence | |  |  |  | | C.2 Use of weapons | |  |  |  | | C.3 Serious harm to another person | |  |  |  | | C.4 Admission to a prison | |  |  |  | | C5. Convictions for sexual offences | |  |  |  | | C.6 Expressed intent to harm | |  |  |  | | C.7 Multi Agency Public Protection Arrangements Offender\* | |  |  |  | | C.8 At risk of violence from another person | |  |  |  | |  | Significant Risk - See Risk Summary | | | | |  | Risks disclosed by Third Party - See Risk Summary | | | | |  | |  |  |  | | **D. Housing Status** | | Now | Past | Never | | D.1 Rough sleeper | |  |  |  | | D.2 Temporary accommodation | |  |  |  | | D.3 Poor accommodation/ living conditions | |  |  |  | | D.4 Rent arrears | |  |  |  | | D.5 Pending eviction order | |  |  |  | |  | Significant Risk - See Risk Summary | | | | |  | Risks disclosed by Third Party - See Risk Summary | | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **E. Level of Suicidal Intent** | | | Now | Past | Never | | E.1 Suicide attempts | | |  |  |  | | E.2 Violent method used | | |  |  |  | | E.3 Self-harming behaviour | | |  |  |  | | E.4 Expressed suicidal ideation | | |  |  |  | | E.5 Has a suicide plan made | | |  |  |  | | E.6 Has a high levels of distress | | |  |  |  | | E.7 Has suicide risk with general factors (lives lone, male, unemployed, retired) | | |  |  |  | |  | Significant Risk - See Risk Summary | | | | | |  | Risks disclosed by Third Party - See Risk Summary | | | | | |  | | |  |  |  | | **F. Neglect** | | | Now | Past | Never | | F.1 Nutritional needs unmet | | |  |  |  | | F.2 Poor personal hygiene | | |  |  |  | | F.3 Debts | | |  |  |  | | F.4 Isolated | | |  |  |  | |  | Significant Risk - See Risk Summary | | | | | |  | Risks disclosed by Third Party - See Risk Summary | | | | | |  | | |  |  |  | | **G. Childcare Issues Involving Social Services** | | | Now | Past | Never | | G.1 Looked After Children | | |  |  |  | | G.2 Children on at risk register – child protection plan | | |  |  |  | | G.3 Children in need – family support plan | | |  |  |  | | G.4 Is the client the main carer | | | Now | Past | Never | | Age of child 1 | | Yrs |  |  |  | | Age of child 2 | | Yrs |  |  |  | | Age of child 3 | | Yrs |  |  |  | | Age of child 4 | | Yrs |  |  |  | |  | Significant Risk - See Risk Summary | | | | | |  | Risks disclosed by Third Party - See Risk Summary | | | | | |  | | |  |  |  | | **H. Sexual Health** | | | Now | Past | Never | | H.1 Unsafe sex practice | | |  |  |  | | H.2 Engaged in sex work/sexual exploitation | | |  |  |  | |  | Significant Risk - See Risk Summary | | | | | |  | Risks disclosed by Third Party - See Risk Summary | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FURTHER DETAILS OF RISK**  *If you have ticked the ‘Now’ box on page 1 please be sure to provide further details of each risk.* | | | | |
| REF: eg A1,A2,A3 | | Date | Detail of Risk | Actions taken to minimise risk |
|  | |  |  |  |
| Assessors Signature |  | | | |