****

**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** |  |
|  |  |
|  |  |
|  |  |
| **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  |  |