**Referral Form – Please ring 01773 303646 to make a referral or return to:** [**derbyshire@cgl.org.uk**](mailto:derbyshire@cgl.org.uk)

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| **Has the young person agreed to the referral?** | **Yes ¨ No ¨**  **NB – we only accept a referral when a young person has given consent** | | **Date of referral:** |  | |
| **Name:** |  | | | | |
| **Date of Birth :** |  | | | **Age :** |  |
| **Ethnicity:** |  | | | **Gender :** |  |
| **Address:**  **Postcode:** |  | | | | |
| **Contact Number: Home –**  **Mobile –** |  | | | | |
| **Can we phone?** | **Yes ¨ No ¨** | **Can we write?** | | **Yes ¨ No ¨** | |
| **Brief details of substance use:** |  | | | | |
| **Are there any Vulnerabilities / concerns**  Such as: Offending Behaviour, Parental Use, Homelessness, NEET, IV drug use, overdosing, young parent, immigrant |  | | | | |
| **Other agencies involved**  **Name & Contact details** |  | | | | |
| **Are Social Care involved**  **Name of social worker**  **Contact Number** | **Yes ¨ No ¨ If yes please indicate below**  **LAC ¨ CIN ¨ CP¨** | | | | |
| **Are there any safeguarding / CSE concerns** | **Yes ¨ No ¨ If yes please give details below** | | | | |
| **Have you completed a screening toolkit** | **Yes** **¨ No** ¨ If yes can you send us a copy | | | | |
| **Any health concerns or disabilities?**  Physical or mental health |  | | | | |
| **Referral to DrugFAM?** |  | | | | |
| **Are parents/guardians aware of the referral?**  **Name of parent/carer**  **Contact Number**  **Can we contact the parents / guardians?** | **Yes ¨ No ¨ Not known ¨**  **Yes ¨ No ¨ Not known ¨** | | | | |
| **Referrer’s details**  **Name**  **Address**  **Telephone Number**  **E-mail address** |  | | | | |
| **Where would the young person like to be seen?**  **If a home visit is requested are there any risks / concerns known at the home address?**  **Who is the appointment to be made with?** | **School ¨**  **Home Visit** **¨**  **Other ¨ (please state )**  **Yes ¨ No ¨ If yes please give details**  **Client ¨ Referrer ¨ Other ¨ please state:** | | | | |