

**Young People’s Substance Misuse Referral Form**

*Please email completed forms to* *york@changing-lives.org.uk*

*or our secure email is blossomstreet.admin@changinglives.cjsm.net*

First Name: Surname:

**Referrer Details**

Date of Referral:

Service: Position:

Email Address: Contact Number:

**Young Person’s Details**

First Name: Surname:

Date of Birth: Age: Gender:

Young Person’s Contact Number:

Address : Postcode:

Has the young person consented to this referral? (Please Circle) YES NO

Has the parent/carer consented to this referral? (Please Circle) YES NO

**Initial contact will be made direct with the young person. If you wish to discuss the referral prior to us making contact, please call our office on 01904 464680**

**Please Provide Any Risk Information**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Substance* | *Frequency* | *Amount* | *Method*  | *Age of first use* |
| *Main Substance* |  |  |  |  |  |
| *Substance 2* |  |  |  |  |  |
| *Substance 3* |  |  |  |  |  |

Please give brief details of the reason for referral/presenting issues?

**Substance Use**

Are there any other agencies providing support to the Young Person?

YJS CAMHS SOCIAL SERVICES OTHER

Please provide details:

Any physical/mental health/communication/support needs? If yes, please state: