

Referral Taken By:

Palbase Number:



Date Referral Taken:

Personal Details Of Young Person	
Name:	Address
D.O.B: <input type="checkbox"/> <input type="checkbox"/>	
Age:	Postcode:
Gender Male Female	Local Authority
First Language:	Contact Number
Ethnicity (Please Circle) White British White Irish White Asian White Other Black British Black Other Black Caribbean Black African Chinese Indian Kurdish Bangladeshi Pakistani Asian Other White/Black Caribbean White/Black African Mixed Other Not Stated	2nd Contact Number
	NHS no.

Further Information	
Is the young person aware of the referral/consent to the referral?	Y/N
Does the young person consent to the information on the screening tool being shared in the Joint Allocation Meeting and Drugaid?	Y/N
What does the young person want from the service?	
Family Support	Substance Misuse
Reason for the referral (Substance use/Family Support information and any additional background information that might be useful)	

Young Persons availability for appointments (When/Where to be seen)

What is the best way to contact the young person?
 Text Letter Phone Is it ok to leave voicemail? Y/N

Are the Young Persons parents/carers aware of this referral? Y/N

Name and Contact of parent/guardian/next of kin

Referrer Details

Referrers Name:	Agency Address:
Referrers Agency:	
Email Address:	Contact Number:

Other Agencies Involved

Agency	Name	Address and Contact Number
GP		
School		
Social Services		
CAMHS		
YOS		
Other		

Risk Issues	
Does the young person have a :	<input type="checkbox"/> Diagnosed medical condition <input type="checkbox"/> Diagnosed mental health condition <input type="checkbox"/> And is on medication
Safeguarding Concerns	
Has the young person previously, or currently been subject to :	<input type="checkbox"/> Child Protection Plan <input type="checkbox"/> Care and Support Plan <input type="checkbox"/> LAC
If yes please give details:	
Would this young person pose any risk to staff or others?	Y/N
If yes please give details:	

Please send completed referral forms via email or via post to:

Gwent N-gage, 114 Lower Dock Street, Newport, NP20 2AF

or **GwentN-Gage@drugaidcymru.com**

If you would like to talk about this referral with someone please contact the Single Point Of Contact number on:

03333202751