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| **H** Description: C:\Users\Dal\Documents\Active Connections\Logo Large.jpg |
| Young Persons DetailsName:D.O.B: Address: | Emergency ContactName:Phone Number: | Referrer Details:Name:Phone Number:Email: |
| Reason for Referral: (presenting issues) |
| Does the young person know the referral is being made? | Yes |  | No |  |
| Is the young person willing to engage? | Yes |  | No |  |
| Could the young person pose any risk to the practitioner or self? | Yes |  | No |  |
| If yes, please describe (aggression, allegations, self-harm): |
| Is the young person receiving any other support? | Yes |  | No |  |
| If yes, please describe: |
| Aims for the work: (please provide aims to help guide the piece of work)i.e. explore coping methods with young person, |
| Please specify the identified time and dates that young person can attend and any activity they like: |