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| **H**  Description: C:\Users\Dal\Documents\Active Connections\Logo Large.jpg | | | | | | |
| Young Persons Details  Name:  D.O.B:  Address: | Emergency Contact  Name:  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: | | | | | | |