##### CGLSignatures

##### Client Referral Form. PLEASE COMPLETE *ALL* FIELDS IN BLACK INK

|  |  |  |
| --- | --- | --- |
| Date of referral |  | Referred to Eclypse before? YES 🗖 (retrieve from archive) NO 🗖 |
| Person completing this form |  |  |
| Name of young person |  |
| Is the YP aware of the Referral? |  |
| Is the YP self motivated to address their substance misuse? |  |
| Have they agreed to see the Eclypse worker? |  |
| **REFERRAL SOURCE** |  |
| **REFERRERS:** Name Address**POSTCODE (ESSENTIAL)** |  |
| Referrer Telephone Number |  |
| Referrer Email Address |  |
| **Please Circle if client is known to any of the following, there may be more than one** | **YOS****SERVICE** | **YRO** | **CUSTODY** | **ISSP** | **IRS** | DTTR | YOUTH SERVICE |
| **Is the Child in Care?****If Yes Tick Relevant Box** | Relatives | Foster Care | Children’sHome | Supported Housing |
| **LEAD PROFESSIONAL:**  NameAddress**POSTCODE (ESSENTIAL)** |  |
| Lead Professional Telephone Number |  |
| Lead Professional Email Address |  |
| **YOUNG PERSONS****FULL** **ADDRESS:** |  |
| **POSTCODE (ESSENTIAL)** |  |
| Young Person Telephone Number |  |
| Young Person Email Address |  |
| YP Age at Referral  |  |
| YP Date of Birth |  |
| Gender (Please tick as appropriate) | Male 🗖 | Female 🗖 |
| Ethnicity (please tick box) | 🞎 White British🞎 White Irish🞎 White Other🞎 White/Asian | 🞎 White/Black Caribbean🞎 White/Black African🞎 African 🞎 Black Other | 🞎 Black British🞎 Caribbean🞎 Indian🞎 Pakistani  | 🞎 Bangladeshi🞎 Chinese🞎 Asian Other🞎 Mixed Other |
| **Please state NATIONALITY** |  |  |
| Suggested venue and suitable day/time for appointments |  |
| **Most Problematic substance used** |  | Aged first used |
| 2nd substance used |  | Aged first used |
| 3rd substance used |  | Aged first used |
| Is the substance use causing problems?Reasons Why? |  |
| Does the YP have a disability or special needs? |  |
| Does the YP have any Mental Health, Emotional or behavioural issues? If YES please State issue |  |
| Who does the client live with? |  |
| Does anyone they live withuse illicit drugs? |  |
| Is the YP attending school?If YES - state School |  |
| Please outline YP offendingHistory including current offences |  |
| Risk Assessment to Staff?High/Medium/Low |  |
| Any other agencies involved? List |  |
| Any other relevant information? |  |
| Is the parent(s) / carer aware of referral? |  |
| Does the YP consent to information being shared with National Drug Monitoring Service? |  |
| **Has a CAF been completed or in progress? Please tick one of the boxes** | * No CAF
* In Progress
* Completed
 |
| **Is the YP subject to? Please tick one of the boxes if approrpriate.** | * CIN
* CPP
* Private Foster
 |
| **YOS SERVICE ONLY****Please tick appropriate box** | * Drug Intervention
* Drug & Mental Health Intervention
 |

**FOR ECLYPSE USE ONLY - PLEASE FULLY COMPLETE ALL SECTIONS.**

|  |  |
| --- | --- |
| **Practitioner allocated to case**  |  |
| **Date Allocated to Practitioner** |  | * Given to Practitioner
* Allocated in practitioners absence
 |
| **Referral source(s)**  |  |  |
| **Referral date for database****(include reason for change)** |  |  |
| **Case opened, assessed and authorised for entry onto database** | * YES
 | By: |
| **Entered into database** | * YES
 | Date | By: |