##### 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’s  Home | | | | | | Supported Housing |
| **LEAD PROFESSIONAL:**  Name  Address  **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 with  use illicit drugs? |  | | | | | | | | | | |
| Is the YP attending school?  If YES - state School |  | | | | | | | | | | |
| Please outline YP offending  History 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: | |