**Substance Misuse Referral form**

You can view our GDPR statement and confidentiality here - [Privacy & Safety Info](https://www.matthewprojectyoungpeople.org/privacy-info)

Please email **unity@matthewproject.org** with the completed form or with any questions you may have.

**Part 1: Information we need**

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| --- | --- |
| Referral Date: |  |
| Does the young person consent to the referral? | [ ] Yes [ ]  No *- if no, consent must be sought before we can accept the referral.*  |
| If the young person is under 13, parental consent is required. Does the parent/carer consent to the referral? | [ ]  Yes [ ]  No I*f no, consent must be sought before we can accept the referral.*If not, why? |
| If the young person is over 19, please give details about learning disability or vulnerability: |  |
| Young Person Details: |
| Full Name: |  |
| What would the young person like to be called? |  |
| Preferred Pronouns: | [ ]  She/Her [ ]  He/Him [ ]  They/Them [ ]  She/Them [ ]  He/Them [ ]  Other, please specify:  |
| Date of Birth: |  |
| Contact Number: |  |
| Is this contact number for the young person or a parent/guardian? |  |
| How would the young person like to be contacted? *E.g. phone, text, email, or via parents/carers* |  |
| Email Address: |  |
| Address: |  |
| Postcode: |  |
| Does the young person have any access requirements? *Physical (wheelchair access), mentally (anxiety), or culturally* |   |
| Young Carer: | [ ] Yes [ ]  No  |
| Nationality:*E.g. British, Portuguese* |  |
| Speaks English: | [ ]  Yes [ ]  No If no, preferred language:  |
| Guardian Details: |  |
| Parent/Carer Name: |  |
| Relationship: |  |
| Contact Number:  |  |
| Contact Info e.g. *best time to call*: |  |
| Referrer Details: |  |
| Name of Referrer: |  |
| Relationship to Client: |  |
| Name and Address of Organisation: |  |
| Contact Number: |  |
| Contact Info e.g. *best time to call*: |  |
| Email Address: |  |
| Initial contact arrangements e.g. will referrer set up the first appointment, contact young person directly: |  |
| Referral information: |
| Reason for referral/additional information: * *What happened to prompt referral?*
* *What are they using?*
* *How much/how often?*
* *How long have they been using?*
* *Ask about friends, family, positive and negative things.*
* *What are they worried about?*
* *What does yp think about their behaviour/drug use?*
* *What do parents think?*
* *What has happened so far for support?*
* *Mental health?*
* *Police? YOT?*
* *School/college support?*
* *What does yp hope to get from our service? YP views. (check yp has actually said why they want support)*
* *If appropriate, any cse/cce risk screening*
* *Any witnessing/experiencing domestic abuse/ ACE’s we should be aware of?*

At home, do you support a family member? (this support could be cooking or supporting them when they are worried) |
| Substance  | **Frequency** | **Quantity** | **Route** | **Cost** | **Last used** | **Age first used** | **Prescribed** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| Has the young person ever injected? | [ ]  Previously [ ]  Currently [ ]  Never [ ]  Client declined to answer |
| Has the young person injected in the last 30 days? | [ ]  Yes [ ]  No  |
| Any potential risks or concerns? | Also any risks to worker doing home visit, is it recommended or are there other people there who aren’t safe?Any pets? (allergies, dog bites etc.)  |
| Multi-Agency: |  |
| Is the family receiving any statutory interventions? | [ ]  Section 17 – Child in Need [ ]  Section 47 – Child Protection [ ]  LAC [ ]  FSP  [ ]  Other Children Services Involvement [ ]  No [ ]  Not known  |
| Lead Professional/Social Worker: |  |
| Are there any other services involved with the family? E.g. young carers  | Young Carers, education, Early help etc. |
| Which education provision is the child/young person attending? |  |
| How did you hear about us? | [ ]  Our Website [ ]  Another organisation website [ ]  Internet search [ ]  Social Media [ ]  Event [ ]  A friend told you about us [ ]  A professional told you about us (e.g. teacher, social worker) [ ]  Poster/Leaflet [ ]  Other, please give details:  |
| Young Person’s GP details: |  |
| GP Surgery: |  |
| Phone number: |  |
| Address: |  |

**Part 2: Equality, Equity, and Diversity Questions**

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| Equality, Diversity and Inclusion (This section is optional): |
| All the questions in this section are voluntary, so you can leave it blank if you prefer. The reason we ask these questions is to monitor equality across our projects and make sure that everyone is treated fairly. If you are a referrer, please complete this section with the young person’s details. *(Please complete only if you are happy to do so)* |
| How do you describe yourself? | [ ]  Female [ ]  Male [ ]  Gender non-conforming [ ]  Non-binary[ ]  Transgender Female [ ]  Transgender Male [ ]  Prefer not to say[ ]  Other Gender *(if other, please specify:* |
| Does your gender differ from the gender you were assigned at birth: | [ ]  Yes [ ]  No [ ]  Prefer not to say |
| Do you consider yourself to be: | [ ]  Bisexual [ ]  Gay or Lesbian [ ]  Heterosexual or Straight [ ]  Prefer not to say [ ]  Other *(If other , please specify):* |
| Ethnicity (Please circle the one that applies): | [ ]  **Asian or Asian British** (Bangladesh, Chinese, Indian, Pakistani, Any other Asian background)[ ]  **Black, Black British, Caribbean or African** (African, Caribbean,Any other Black, Black British, or Caribbean background)[ ]  **Mixed or multiple ethnic groups** (White and Asian, White and Black African, White and Black Caribbean, Any other Mixed or multiple ethnic background)[ ]  **White** (English / Welsh / Scottish /Northern Irish / British, Irish, Gypsy or Irish Traveller, Roma, Any other White background)[ ]  **Prefer not to say**[ ]  **Other ethnic Group** (Arab/Any other ethnic group) *(If other, please specify):* |
| Religious beliefs: | [ ]  Buddhist [ ]  Christian [ ]  Hindu [ ]  Jewish [ ]  Muslim [ ]  Sikh [ ]  No Religion [ ]  Prefer not to say [ ]  Other religion *(if other, please specify):*  |