**Youthful Wellbeing Referral Form**

***If you require support to complete this form, please call 01375 531710***

We will keep your personal information and basic notes about the support we give you. We store this securely on our systems in line with the law, for no longer than is necessary. We will only share your information when it is necessary, and with people who need to know, to enable us to arrange, review or provide appropriate support for you, and to keep you and others safe. A copy of our privacy policy is available on request.

Professional referral  Self referral  (go to ‘Reason for Referral’ section)

|  |  |
| --- | --- |
| Referral source: |  |
| Professional Referrer Name: |  |
| Organisation: |  |
| Address:  Postcode: | |
| Email: |  |
| Telephone No: |  |
| Support provided for young adult:   |  |  | | --- | --- | |  |  | |  |  | |  |

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| --- |
| Reason for referral: |
| How did you hear about us? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Young Adult’s details: | | | |  |  |
| Title: | **Gender**: | Male |  | **Preferred Pronoun:** |  |
| First Name: |  | Female |  | He/Him |  |
| Last Name: |  | Transgender |  | She/Her |  |
| Preferred Name: |  | Prefer not to say |  | They/Them |  |
| Date of Birth: |  | Other, please specify |  | Other, please specify |  |
| Address:  Postcode: | | | | | |

|  |  |
| --- | --- |
| Home Telephone: | OK to leave a voicemail? |
| Work Telephone: | OK to leave a voicemail? |
| Mobile Telephone: | OK to leave a voicemail?  OK to text? |
| Email Address: | |
| **Preferred time of contact:**  Monday  Tuesday  Wednesday  Thursday  Friday  Preferred time: Morning  Afternoon  Evening | |
| **Permission to contact by:**  Home Tel  Work Tel  Mobile Tel Letter  Email | |
| **Emergency Contact:**  Name:  Email:  Telephone number:  Relationship to young adult: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Ethnic Origin: |  |  |  |
| **Asian or Asian British:** |  | **Mixed** |  |
| Bangladeshi |  | White & Asian |  |
| Indian |  | White & Black African |  |
| Pakistani |  | White & Black Caribbean |  |
| Any other Asian background |  | Any other Mixed background |  |
| **Black or Black British:** |  | **White:** |  |
| African |  | British |  |
| Caribbean |  | Irish |  |
| Any other Black Background |  | Any other White background |  |
|  |  |  |  |
| **Other Ethnic Group:** |  |  |  |
| Chinese |  | Prefer not to say |  |
| Any other background |  |  | |

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| --- | --- | --- | --- |
| Sexuality: |  |  |  |
| Heterosexual |  | Bisexual |  |
| Gay |  | Lesbian |  |
| Questioning |  | Prefer not to say |  |
| Other, please specify: |  |  |  |
| Relationship Status: |  |  |  |
| Single |  | Married |  |
| Divorced |  | Co-habiting |  |
| Widow |  | Separated |  |
| Long Term |  | Civil Partnership |  |
| Prefer not to say |  | Other, please specify: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employment Status: |  |  |  |
| Part time employed |  | Full time student |  |
| Full time employed |  | Study leave |  |
| Sick leave  Part time/Full time parent/carer  Part time student |  | Unemployed  Prefer not to say  Other, please specify: |  |
| Please indicate your religion or belief: | | | |
| Atheism |  | Buddhism |  |
| Christianity |  | Islam |  |
| Jainism |  | None |  |
| Sikhism |  | Rastafarian |  |
| Judaism |  | Hinduism |  |
| Prefer not to say |  | Other, please specify: |  |

Long Term Condition? Yes  No  Not known

|  |  |  |  |
| --- | --- | --- | --- |
| Asthma |  | Arthritis |  |
| Cancer |  | Chronic Pain |  |
| Diabetes  Heart Condition  Other, please specify: |  | Epilepsy  Medically unexplained condition, please specify: |  |

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| --- | --- | --- | --- |
| Disability: |  |  |  |
| Acquired Brain Injury |  | Physical Health |  |
| Autism Spectrum Disorder  Cognitive Impairment |  | Substantial Difficulty retaining  understanding information |  |
| Dementia  Dual Diagnosis (MH & Substance)  Learning Difficulty |  | Prefer not to say  Other, please specify: |  |

|  |  |  |
| --- | --- | --- |
| Do you look after someone who could not manage without your help? | Yes | No |
| Are you an unpaid carer for a person with a disability? | Yes | No |
| If yes, would you like us to share your information with the local Carers Service? | Yes | No |
| Are you currently pregnant or do you have any children under 5 Years old? | Yes | No |

|  |  |
| --- | --- |
| GP Name: |  |
| GP Practice: |  |
| Telephone Number: |  |
| Practice Address: |  |

GP Details:

To make a referral by phone, please call **01375 531710**. If you would prefer to email, please use the email below corresponding to your area – if you are not sure, please don’t worry we will ensure that the referral gets to the closest Senior Link Worker to you.

*Privacy Notice:*

*This form contains personal and sensitive ('special category') data which will be processed and stored in accordance with Information Governance policies, the Data Protection Act 2018 and Articles 6(1)(e) and Articles 9(2)(h) of the General Data Protection Regulation (GDPR). The information you provide will be shared confidentially within the organisation and stored securely and used for the purposes of processing and providing a service to you*

***I confirm the information I have provided is correct and understand how it will be used*.**

|  |  |  |
| --- | --- | --- |
| Signature: | Print Name: | Date: |

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| **Areas covered (including and surrounding) – if unsure please call** | **Email** |  |
| **South West Essex**:  *Thurrock, Brentwood, Basildon, Billericay Wickford (SW Essex)* | [epunft.youngadultsSW@nhs.net](mailto:epunft.youngadultsSW@nhs.net) | Image preview |
| **South East Essex and Castlepoint and Rochford:**  *Castlepoint****,*** *Rochford, Southend, Leigh-on-Sea, Westcliff, Shoeburyness, Canvey Island, Thorpe Bay, Chalkwell* | [epunft.youngadultsSE@nhs.net](mailto:epunft.youngadultsSE@nhs.net) |  |
| **Mid Essex**:  *Braintree, Witham, Chelmsford, Danbury, Maldon, Burnham-on-Crouch* | [epunft.youngadultsMID@nhs.net](mailto:epunft.youngadultsMID@nhs.net) |  |