



Once completed please return to:		
Aquarius Young People's Team Queens Park Health Centre 23c Carlisle Road, Bedford, MK40 4HR	Office No.:	0330 008 3925
	<a href="mailto:YPBedfordshire@aquarius.org.uk">YPBedfordshire@aquarius.org.uk</a> <b>Please password protect the document before emailing.</b>	

Details of Young Person			
Name			
Address			Postcode
Home Tel. Number		Mobile Tel. Number	
Date of Birth	Age	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	Ethnic Origin		
Next of Kin name and contact number			
If the YP is aged between 5 and 13s old and being referred because of someone else's drug or alcohol use please complete the below:			
Parent/Carer name:			
Parent/Carer address			
Parent/Carer Tel. Number			
Is the parent/carer aware of the referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is it safe to complete home visits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Known
Details of Referrer			
Name			
Organisation	Relationship		
Address			Postcode
Landline Tel. Number		Mobile Number	
Email Address			
How did referrer hear of the service?			
Details of Young Person Continued			
Registered Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Impairment	
Registered with GP	<input type="checkbox"/> Yes <input type="checkbox"/> No	GP Surgery Name	
Does the Young Person have?	<input type="checkbox"/> EHA	<input type="checkbox"/> CIN	<input type="checkbox"/> CP <input type="checkbox"/> LAC
Is the Young Person aware and consented to the Referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How would the Young Person like to be contacted?	<input type="checkbox"/> Letter <input type="checkbox"/> Home Tel. <input type="checkbox"/> Mobile	<input type="checkbox"/> Referrer <input type="checkbox"/> School / Education <input type="checkbox"/> Parent / Carer	
Can Aquarius leave messages on your:	<input type="checkbox"/> Home phone <input type="checkbox"/> Mobile phone	<input type="checkbox"/> Send text messages <input type="checkbox"/> Send letters	
Best time to contact YP			
Which school does the Young Person attend?			
Where / When would the Young Person like to meet?			
Is the YP is being referred for:	<input type="checkbox"/> Own Drug / Alcohol use <input type="checkbox"/> Exploitation	<input type="checkbox"/> Parental/ sibling drug/alcohol use	

Status:	Released	Accountable Lead	Emily Clare
Date of last Issue:	24/09/2018	Date of Issue:	24/09/2018
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Other Risks Known or Identified			
If Drug/ Alcohol use, known substance(s) used:	If Exploitation, known risk indicators:		
	Links with older peer group	History of abuse	Engaging in sex for money/drugs
	Missing/staying out	Risk taking behaviour	Challenging Behaviour
	Previous or Current LAC	Peers engaged in exploitation	Offending behaviour
Other Relevant Information (including; injecting, pregnant or parent, offending behaviour, mental or physical health concerns, social care involvement, home visits, any other risks)			

Other Agencies Involved			
<b>Name of Youth Offending Officer</b>			
<b>Team / Location</b>		<b>Contact Tel. Number</b>	
<b>E-mail address</b>			
<b>Name of allocated Social Worker</b>			
<b>Team / Location</b>		<b>Contact Tel. Number</b>	
<b>E-mail address</b>			
<b>Name of Other Professional</b>			
<b>Organisation</b>		<b>Contact Tel. Number</b>	
<b>E-mail address</b>			
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<b>Organisation</b>		<b>Contact Tel. Number</b>	
<b>E-mail address</b>			

**Please note: by completing this referral form or consenting to this referral form being completed on your behalf, you are consenting for Aquarius to hold your information on our database and for Aquarius to contact you.**

TO BE COMPLETED BY AQUARIUS

Date Received	Date Allocated	Date 1 <sup>st</sup> Appointment Offered
Date of Initial Contact	Allocated Worker	Date & Time of 1 <sup>st</sup> Appointment

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