**Referral Form**

**Ref:  *for office use only***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME**: |  | | | | | | | | | | | |
| DOB: |  | | | | | age: (at date of referral) | | | | |  | |
| Address: |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| Postcode: |  | | | | Phone messages? (y/n) | | | |  | | | |
| Preferred contact arrangements: | | | |
| Phone: |  | | | |  | | | |  | | | |
| Mobile: |  | | | |  | | | |  | | | |
| Email: |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| How did the young person hear about us? | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| ***please tick one***🞎 **Self-referral OR** 🞎 **Professional referral *please provide agency contact details*** | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | |
| Position: |  | | | Organisation: | | | | | |  | | |
| Phone: |  | | | Email: | | |  | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Issues of concern/reasons for referral:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Date of | |  | | | | | | Date of referral: | | | |  |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**Release of Contact Declaration (For professional referrals only):**

|  |  |
| --- | --- |
| Has the young person consented to this referral | ☐ |

THE JUNCTION, 82-86 Great Junction Street, Leith, Edinburgh, EH6 5LJ Tel: 0131 553 0570

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|  |
| --- |
|  |

**For office use only**

Mentioned at referral:

Info Databased

|  |  |
| --- | --- |
| One-to-one support | ☐ |
| Alcohol support (self or others) | ☐ |
| Counselling | ☐ |
| Parental substance misuse | ☐ |
| Creative Express | ☐ |
| Young person has used Junction services previously | ☐ |

Access

Info Sent

|  |  |
| --- | --- |
| Access date |  |
| Client attended Access |  |
| Staff intitials |  |
| Date of rescheduled Access |  |

Notes: