



Referral Form — Young Addaction works with Young People under the age of 25 throughout Lancashire (excluding Blackpool and Blackburn with Darwen). **Please complete sections in bold as a minimum**

Name:	Date of Referral:
Address:	Emergency/Alternative Contact Details:
Postcode:	Address:
Telephone:	Postcode:
E-mail:	Telephone:
Consent to contact the young person: (Please tick all that apply)	Email:
At address <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/>	Is the YP aware of this referral <input type="checkbox"/>
	Is the parent/guardian aware of this referral <input type="checkbox"/>
	Does the YP have parental responsibilities <input type="checkbox"/>
Age:	DOB:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnicity:

Reason for Referral: (Please tick all that apply)			
Substance misuse <input type="checkbox"/> Substance misuse education <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Parental / significant other substance use <input type="checkbox"/> Referral for HEART domestic abuse project (Central Lancashire only) <input type="checkbox"/>			
Substance Use: (Please ensure all substances are recorded, in order of usage)			
Substance:	Frequency:	Length of using time:	Quantity:
Multi-Agency Involvement:		Risk Factors:	
Social Care involvement <input type="checkbox"/> Details:		Suicidal ideation or self injury <input type="checkbox"/> Physically violent to others <input type="checkbox"/> CSE <input type="checkbox"/> Domestic abuse <input type="checkbox"/> Mental health <input type="checkbox"/> Disability <input type="checkbox"/> Other (please specify):	
Lead Professional involved <input type="checkbox"/> Details:			
Other agency involvement <input type="checkbox"/> Details:			

