

Aspire Referral

Section A (to be completed for all referrals)

Name	Alias	D.o.B
Home Address	Status of Care	Gender
		Ethnicity
Placement Address	Name of Carers	Telephone No.
	Social Worker	Telephone No.
Referrer	Date of Referral	
G.P. Name and Address	Telephone No.	
Other agencies involved, please list and provide contact name and number:	Name of school and school contact:	
Social Worker informed of referral	YES/NO	

Reason for Referral

- Sexual Health Mental Health Substance Misuse Care 2 Read
 Connexions Teaching Support PEP other Education Issue

For Referral to:

CAMHS complete **Section B** (Please enclose a core assessment or other relevant information)

Sexual Health, Care 2 Read, Connexions, PEP other Education Issue complete **Section C**

Teaching Support complete **Section D**

Substance Misuse complete **Section E**

On completion of assessment please complete **Section F**

Section B
Current Mental Health Concerns

Depression Self Harm Behavioural Difficulties
Anxiety Psychosis Thoughts/Attempts of Suicide
Other (please specify)

Brief description of current mental health issues:

Any previous CAMHS or other therapeutic input :

Expectations of CAMHS involvement:

(N.B this can include requesting a consultation meeting, even if the child/young person does not need direct input at this time e.g. for advice to the care team, or to discuss what could be offered)

CAMHS Consent

Is the young person aware of the referral? Yes No

Has parental consent for treatment and for permission to contact other agencies been gained? Yes No
(Please refer to guidance on consent)

Parent/Person with Parental Responsibility Signature:

(Where parental consent has been given but it is not practical for this form to be signed by a parent, this can be signed by a Team Manager)

PLEASE ENCLOSE A CORE ASSESSMENT AND ANY OTHER RELEVANT INFORMATION

Section C

Reason for referral

Sexual Health Care 2 Read Connexions PEP/ Education Issue

Details of reason for referral:

Expectations of involvement:

Sexual Health Consent

Is the young person aware of the referral? Yes No

Has parental consent for treatment and for permission to contact other agencies been gained? Yes No
(Please refer to guidance on consent)

Parent/Person with Parental Responsibility Signature:

(Where parental consent has been given but it is not practical for this form to be signed by a parent, this can be signed by a Team Manager)

Section E

DnA

Reason for referral:	
Substance Use:	
Substance(s) used?	Amount and Frequency?
Risk Factors:	
Threat to Life <input type="checkbox"/> Dependent Use <input type="checkbox"/>	
Use of Opiates, Stimulants or Volatile Substances <input type="checkbox"/>	
High Risk Behaviour (e.g. injecting, offending to fund use <input type="checkbox"/>	
High Risk Life Circumstances (e.g. unsuitable housing) <input type="checkbox"/>	
Other relevant information:	
Additional young person's details:	
At school <input type="checkbox"/> College <input type="checkbox"/> Training Course <input type="checkbox"/> Employment <input type="checkbox"/> Other <input type="checkbox"/>	
Is the young person aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has parental consent for service provision and for permission to contact other agencies been gained? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please refer to guidance on consent)	
Parent/Person with Parental Responsibility Signature:	
(Where parental consent has been given but it is not practical for this form to be signed by a parent, this can be signed by a Team Manager)	

Section F OUTCOME OF REFERRAL

When assessment completed please fill-in the following section and return to: Aspire Administration

	Yes/No	Review Date
Case allocated for direct work and date of review		
Referral to other services		
Advice or guidance to parent/carer/member of care team		
No further action		

Date of completion of form	Date received by Aspire Admin Team
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