**Children and Young Persons Wellbeing Practitioner Referral Form**

Once complete, please send via **Email** to [**wellbeing@ymcaexeter.org.uk**](mailto:wellbeing@ymcaexeter.org.uk)**.** This is a secure email and is regularly monitored.

If you have any difficulties with this form or would like to speak to someone about your referral, please contact us on **01392 410530 */*** [**wellbeing@ymcaexeter.org.uk**](mailto:wellbeing@ymcaexeter.org.uk)**.**

**If the child or young person is at risk of harm to themselves or others, please contact their GP or professional involved in their care to discuss a safety plan as we are not able to provide emergency care.**

**All information given will be treated as strictly confidential.**

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| **REFERRER DETAILS** |
| **Referring agency:** Click or tap here to enter text.  **Date of referral:** Click or tap to enter a date.  **Name and job title of referring worker:**  Click or tap here to enter text.  **Phone:** Click or tap here to enter text.  **Email:** Click or tap here to enter text. |

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| **CHILD OR YOUNG PERSON’S DETAILS** |
| **Name:** Click or tap here to enter text.  **DOB:** Click or tap to enter a date.  **Gender:** Click or tap here to enter text.  **Address:** Click or tap here to enter text.  **Preferred contact method(s):** Click or tap here to enter text.  **Are these the parent’s contact details**  **Yes  No**  **GP Details (if known):** Click or tap here to enter text.  **NHS number:** Click or tap here to enter text.  **Any other professionals involved (if known):** Click or tap here to enter text. |

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| **PARENTS DETAILS (IF APPROPRIATE)** |
| **If the young person is under 12, they need to be accompanied by a parent/caregiver for the initial assessment session. Therefore, we need consent from the parent/caregiver for referral.** |
| **Name(s) of parent/caregiver(s):** Click or tap here to enter text.  **Preferred contact methods:** Click or tap here to enter text.  **Any other relevant information:** Click or tap here to enter text. |

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| **REASON FOR REFERRAL** |
| **Please give as much detail as possible about presenting difficulties as well as duration / main symptoms / impact on day to day life / additional difficulties**  Click or tap here to enter text. |