

YORK DRUG AND ALCOHOL SERVICE

Delivered in partnership between



Young People's Substance Misuse Referral Form

Please email completed forms to york@changing-lives.org.uk

or our secure email is blossomstreet.admin@changinglives.cjsm.net

Referrer Details

Date of Referral:

First Name:

Surname:

Service:

Position:

Email Address:

Contact Number:

Young Person's Details

First Name:

Surname:

Date of Birth:

Age:

Gender:

Contact Numbers:

Preferred Method of Contact:

Address:

Postcode:

Has the young person consented to this referral?

Has the parent/carer consented to this referral?

Accessibility/Availability for Appointments:

Who should initial contact be made through?

Education/Employment Status

GP Details

GP/Practice Name:

Address:

Postcode:

Contact Number:

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Substance Use

	<i>Substance</i>	<i>Frequency</i>	<i>Amount</i>	<i>Method</i>	<i>Age of first use</i>
<i>Main Substance</i>					
<i>Substance 2</i>					
<i>Substance 3</i>					

Please give brief details of the reason for referral/presenting issues?

Any communication/support needs? If yes, please state:

Any physical/mental health needs? If yes, please state:

Are there any other agencies providing support to the Young Person?

YOT

CAMHS

SOCIAL SERVICES

OTHER

Please provide details: