

Referral to:

Somerset Drug & Alcohol Service (SDAS) Young People and Family Team

Good practice would indicate that the following information is useful for a referral.

Consent/information share

Does the Young person consent to this referral?

☐ Yes

☐ No

Does the young person consent to the information on the screening tool being shared with the worker providing the tier 2 intervention?

☐ Yes

☐ No

Signature (young person) _____

If yes, ensure the completed screening tool is attached to this form

When would be the best times and way to contact the young person?

Have the young person's parents / carers been informed of the referral?

☐ Yes

☐ No

Parent/carers (name) _____ Tel: _____

If no, give reason _____

Young person's details

First name(s) _____ Surname _____

Date of birth _____ Ethnicity _____ School _____

Address _____

Postcode _____ Tel: _____

Is the young person registered with a GP? ☐ Yes ☐ No If yes, name and contact details:

GP _____ Medical practice _____

Safeguarding / risk status

Is the young person / family involved with Children's Social Care?

☐ Yes

☐ No

If yes, who is the allocated social worker _____ Tel: _____

Is there another lead professional? _____

Referrer

Date of referral _____ Referrer's name _____

Referrer's Agency _____ Tel: _____