

# YOUNG ADULT WELLBEING SERVICE - SOCIAL ISOLATION AND LONELINESS REFERRAL FORM

## 1. Young Person Details

DATE: \_\_\_\_\_

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Age:</b>
<b>Post Code:</b>	<b>Gender:</b>
<b>Telephone/Mobile:</b>	<b>Ethnicity:</b>
<b>Email:</b>	

Does this person have any additional communication needs, or other requirements (e.g. Deaf, Hard of hearing, visual impairment, mobility etc.) that we should be aware of?

## 3. Referral made by a service

Contact Person \_\_\_\_\_ Designation \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Telephone \_\_\_\_\_

Mobile \_\_\_\_\_ Signed \_\_\_\_\_

## 4. GP Details

GP Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Practice Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Is the GP aware of this referral? Yes  No

Can we contact your GP with your consent? Yes  No

**5. Mental Health Difficulties:**

Please describe the mental health difficulties experienced by the individual and any other important information that would help us to support the individual.

Please describe:

**6. Additional Issues:**

Socially isolated/lonely: Yes  No  Low confidence/self-esteem: Yes  No

Did not engage with other services: Yes  No

Please describe:

**7. Risks/Concerns/Issues:**

Are there any other issues we should be aware of?

Suicidal ideation/self-harm: Yes  No

Alcohol/drugs: Yes  No

Money/debt: Yes  No

Living/housing: Yes  No

Please describe:

**8. What support do you think young person will benefit from? (Please tick all that apply & describe)**

Suggest coping/self-management strategies to help with mental health

Build social skills/increase social interaction

Build interests and provide personal development opportunities

Improve daily functioning/ add structure to day

**Please describe:**

**9. Are there any other groups, services, organisations that have recently been involved in your support?**

**10. Is there anything else you think we should know?**

**Please return this form to:**

**Glasgow Association for Mental Health  
Young Adult Wellbeing Service SIAL Project  
St. Andrews by the Green  
33 Turnbull Street  
Glasgow G1 5PR**

**Telephone: 0141 552 5592**

**Email: [yaws@gamh.org.uk](mailto:yaws@gamh.org.uk)**