

YOUNG ADULT WELLBEING SERVICE REFERRAL FORM

1. Young Person Details

DATE: _____

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

2. Are you making a self-referral or making this referral on behalf of the young person?

Self-referral Parent/Guardian Carer Family/Friend

Or

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 assess and to support the individual.

Please describe:

6. Additional Issues:

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

COVID-19 related: 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. How can Young Adult Wellbeing Service help? (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

Support further education and employment 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
St. Andrews by the Green
33 Turnbull Street
Glasgow G1 5PR**

Telephone: 0141 552 5592

Email: yaws@gamh.org.uk