

Log number:

Referral taken by:

CASY Referral Form: Young People

Referral received _____

Client Name: _____ Date of Birth: ____/____/____ Age: ____

Has this client been adopted? Yes / No Gender: M / F/ Other _____

Nationality / Culture: _____

Client Address: _____

Client Email: _____

Client Phone Numbers: _____

Is the client aware of the referral? Yes / No Is the parent/carer supporting the referral? Yes / No

Parent / Carer Name: _____ (To be used as emergency contact)

Telephone: _____

Email Address: _____

How did you hear about us: _____

Client School / College details: _____

GP Surgery: _____

Does this client have a diagnosis? _____

Has any medication been prescribed for this issue: _____

Are there any other agencies involved with the client? Yes / No

If yes, please give details:

Does this client present a risk to others Yes / No

Does the client Self-harm? Yes / No

Have suicidal thoughts? Yes / No

Has this client attempted suicide? Yes / No

