

Youthful Wellbeing Referral Form

If you require support to complete this form, please call 01375 531710

We will keep your personal information and basic notes about the support we give you. We store this securely on our systems in line with the law, for no longer than is necessary. We will only share your information when it is necessary, and with people who need to know, to enable us to arrange, review or provide appropriate support for you, and to keep you and others safe. A copy of our privacy policy is available on request.

Professional referral Self referral (go to 'Reason for Referral' section)

Referral source:

Professional Referrer Name:
Organisation:
Address:
Postcode:
Email:
Telephone No:
Support provided for young adult:

Reason for referral:

How did you hear about us?

Young Adult's details:

Title:	Gender: Male <input type="checkbox"/>	Preferred Pronoun:
First Name:	Female <input type="checkbox"/>	He/Him <input type="checkbox"/>
Last Name:	Transgender <input type="checkbox"/>	She/Her <input type="checkbox"/>
Preferred Name:	Prefer not to say <input type="checkbox"/>	They/Them <input type="checkbox"/>
Date of Birth:	Other, please specify	Other, please specify
Address:		
Postcode:		

Home Telephone:	OK to leave a voicemail? <input type="checkbox"/>
Work Telephone:	OK to leave a voicemail? <input type="checkbox"/>
Mobile Telephone:	OK to leave a voicemail? <input type="checkbox"/> OK to text? <input type="checkbox"/>
Email Address:	
Preferred time of contact:	
Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>	
Preferred time: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>	
Permission to contact by: Home Tel <input type="checkbox"/> Work Tel <input type="checkbox"/> Mobile Tel <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/>	
Emergency Contact:	
Name:	
Email:	
Telephone number:	
Relationship to young adult:	

Ethnic Origin:

Asian or Asian British:		Mixed	
Bangladeshi	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	Any other Mixed background	<input type="checkbox"/>
Black or Black British:		White:	
African	<input type="checkbox"/>	British	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Any other Black Background	<input type="checkbox"/>	Any other White background	<input type="checkbox"/>
Other Ethnic Group:		Prefer not to say	
Chinese	<input type="checkbox"/>		<input type="checkbox"/>
Any other background	<input type="checkbox"/>		

Sexuality:

Heterosexual	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
Questioning	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Other, please specify:			

Relationship Status:

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	Co-habiting	<input type="checkbox"/>
Widow	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Long Term	<input type="checkbox"/>	Civil Partnership	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Other, please specify:	

Employment Status:

Part time employed	<input type="checkbox"/>	Full time student	<input type="checkbox"/>
Full time employed	<input type="checkbox"/>	Study leave	<input type="checkbox"/>
Sick leave	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
Part time/Full time parent/carer	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Part time student	<input type="checkbox"/>	Other, please specify:	

Please indicate your religion or belief:

Atheism	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>
Christianity	<input type="checkbox"/>	Islam	<input type="checkbox"/>
Jainism	<input type="checkbox"/>	None	<input type="checkbox"/>
Sikhism	<input type="checkbox"/>	Rastafarian	<input type="checkbox"/>
Judaism	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Other, please specify:	

Long Term Condition? Yes No Not known

Asthma	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Chronic Pain	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	Medically unexplained condition, please specify:	
Other, please specify:			

Disability:

Acquired Brain Injury	<input type="checkbox"/>	Physical Health	<input type="checkbox"/>
Autism Spectrum Disorder	<input type="checkbox"/>	Substantial Difficulty retaining understanding information	<input type="checkbox"/>
Cognitive Impairment	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Other, please specify:	
Dual Diagnosis (MH & Substance)	<input type="checkbox"/>		
Learning Difficulty	<input type="checkbox"/>		

Do you look after someone who could not manage without your help?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an unpaid carer for a person with a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, would you like us to share your information with the local Carers Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently pregnant or do you have any children under 5 Years old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

GP Details:

GP Name:
GP Practice:
Telephone Number:
Practice Address:

To make a referral by phone, please call **01375 531710**. If you would prefer to email, please use the email below corresponding to your area – if you are not sure, please don't worry we will ensure that the referral gets to the closest Senior Link Worker to you.

Privacy Notice:





This form contains personal and sensitive ('special category') data which will be processed and stored in accordance with Information Governance policies, the Data Protection Act 2018 and Articles 6(1)(e) and Articles 9(2)(h) of the General Data Protection Regulation (GDPR). The information you provide will be shared confidentially within the organisation and stored securely and used for the purposes of processing and providing a service to you

I confirm the information I have provided is correct and understand how it will be used.

Signature:

Print Name:

Date:

Areas covered (including and surrounding) – if unsure please call	Email	
South West Essex: Thurrock, Brentwood, Basildon, Billericay Wickford (SW Essex)	epunft.youngadultsSW@nhs.net	 Thurrock and Brentwood  Basildon
South East Essex and Castlepoint and Rochford: Castlepoint, Rochford, Southend, Leigh-on-Sea, Westcliff, Shoeburyness, Canvey Island, Thorpe Bay, Chalkwell	epunft.youngadultsSE@nhs.net	 South East and Central Essex
Mid Essex: Braintree, Witham, Chelmsford, Danbury, Maldon, Burnham-on-Crouch	epunft.youngadultsMID@nhs.net	 Mid and North East Essex