

Young Persons Drug and Alcohol Service Referral Form

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Go2 Young People's
Drug and Alcohol
Service

Blackburn with Darwen

Referral Date:

Completed by:

Consent

Does YP consent to this referral? Yes No

Has parent/guardian consented? Yes No NA

How did YP hear about the Go2? (self referrals only)

Referral Source

Referrer Name:

Relationship / Agency:

Address:

Telephone No:

Email Address:

Basic Details

Name:

Male Female Transgender

DOB:

Age:

Address:

Town:

Postcode:

NFA:

Mobile ☎:

Home ☎:

Email ✉:

How can we contact YP? Phone Letter

Mobile Text Email Home Visit

Social Media

Sexuality? Bi-sexual Gay Heterosexual

Does not wish to disclose

Ethnicity

White British

Bangladeshi

White Irish

Other Asian

White Other

Caribbean

White/Black Caribbean

African

White/Black African

Other black

White Asian

Chinese

Mixed Other

Other

Indian

Not stated

Pakistani

Nationality:

Health & Wellbeing Information

Disability: Yes No **Detail:**

Receiving support from Mental Health services?

Yes No **Details:**

Smoking Status: Cigarettes Tobacco Shisha

E-Cig Non-smoker

GP Surgery:

Not registered



Substance/Alcohol Use (type/amount/frequency/impact)

Substance 1 is:

Age at first use?

Frequency of Use?

Method: Inject Oral Smoke Sniff

Substance 2 is:

Age at first use?

Frequency of Use?

Method: Inject Oral Smoke Sniff

Substance 3 is:

Age at first use?

Frequency of Use?

Method: Inject Oral Smoke Sniff

Additional Substance Use:

Additional Information:

(Domestic violence, family use, self-harm, A&E attendances, CSE etc)

Other agency involvement:

Risk/safeguarding details:

Immediate concerns/would the YP pose risk to staff, self or others?

What is the YP hoping to achieve from this referral? (Abstinence, reduction, health benefits etc)

Emergency Contact Details:

Name:

Relationship to YP:

Contact details:

Parental Status

Pregnant: Yes: No:

Children Details:

Child 1-Age: Resides:

Child 2-Age: Resides:

Child 3-Age: Resides: