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| **Positive Mental Health****& Wellbeing Service** **Confidential Professional Referral Form** | | | | |
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| **Part 1a: Referral details** | | | | |
| Date of referral: |  | | | |
| Name of person making the referral: |  | | | |
| Contact details for person making the referral | Telephone |  | | |
| Email |  | | |
| **Part 1b: Young person’s details** | | | | |
| Young person’s name: |  | | | |
| Address: Postcode: |  | | | |
| Telephone: |  | | | |
| Date of birth: |  | | Gender: |  |
| Ethnicity: |  | | Disability: |  |
| School Stage |  | | | |
| What is the best way to contact the young person? |  | | | |
| Is the young person aware of the referral? | | | |  |
| **Part 1c: Parent/carer/s details** | | | | |
| Name/s: |  | | | |
| Address/s (if different from young person above): Postcode: |  | | | |
| Telephone: |  | | | |
| Are they aware of the referral? | | | |  |

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| **Part 2: What kind of support is needed?**  **(Select all that apply)** | |
| Developing healthy & positive relationships  Staying safe online  Being confident about body image / building self-esteem  Parenting support  Building resilience / coping strategies  Mental Health/ Anxiety/ Managing Emotions | Please tell us about any other issues that we can help with |
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| **Part 3: Barriers**  **Are there any challenges or barriers to accessing support that we can help with?** |
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| **Part 4: Are any other agencies providing support?** |
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| **Part 5: Is there anything else you think would be helpful for us to know about?** |
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**Thank you for completing this form.**

**Please email the completed form to** [**forthvalleyservices@barnardos.org.uk**](mailto:forthvalleyservices@barnardos.org.uk)

**A member of the team will be in touch within 48 hours**