



GREEN ACRE SUPPORT SERVICES

Referral Form

1. Local Authority Details

Placing Authority:..... Social Worker:.....
Contact Number:..... Fax:.....
Current Address:.....
Team Manager:..... Emergency Duty No:.....

2. Young Person's Details

First Name:..... Surname:.....
Gender:..... D.O.B:.....
Contact No:.....
Next of Kin:.....
Legal Status:(CA: 89)..... Home Office Status:.....
Ethnicity:..... Language:.....
Religion:.....

Please attach current care plan/last review/pathway plan (whichever is most appropriate)

Care Plan Last Review Pathway Plan



3. **Background History**

(Please give brief details)

4. **Current Situation**

(Please provide a snapshot of the young person's current situation, including health, education, family/social contacts, legal issues, and related professional involvement)

5. **Behaviour**

(Please describe any behavioural issues)



6. Risk Factors

(Please describe any risk issues)

7. Health Details

NHS Number (if known)

Doctor.....

Dentist.....

Optician.....

*** We do not accept any client with a history of Arson or Sexual Crimes ***

For Office Use Only

Date Referral Form Received:

Received By: