Referral by professionals to Off The Record Merton face-to-face counselling service for young people aged 11-25 who live in the London borough of Merton or are registered with a Merton GP.

Please send this form and any attachments by secure email to offthe.record@nhs.net

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| **THIS SECTION IS FOR COMPLETION BY OFF THE RECORD** |
| **OTR Client Code:** | **Self-referral** 🞏 Date of first contact | **Professional referral** 🞏Date of referral to OTR: Date accepted by OTR:  | **OTR safeguarding action taken**MASH 🞏  OTR SG log 🞏 | **OTR risk rating**Low 🞏 Medium 🞏High 🞏 |

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| **Young Person Details** |
| First name click to add name | Surname click to add surname |
| DOB click to enter DOB | Age click to enter age | Male [ ]  | Female [ ]  | Other [ ]  |
| Ethnicity click to enter Ethnicity  | School/College if appropriate click to add school/college |
| Has the young person consented to this referral? | Yes [ ]  No [ ]  | We can ONLY accept referrals where the young person has consented to the referral being made |
| Has the parent/carer consented to this referral? | Yes [ ]  No [ ]  | If the young person is UNDER AGE 13 parent/carer consent is REQUIRED(n/a if young person is over 18) |
| Is the parent/carer aware of this referral? | Yes [ ]  No [ ]  | If no, is there a reason for this? (n/a if young person is over 18)click to add |
| Young person mobile number click to add | Young person home number click to add |
| Young person email click to add email |  |
| Young person address and postcode click to add address |
| Client Status:CIN [ ]  CP Plan [ ]  Disability [ ]  LAC [ ]  SEN [ ]  EHCP [ ]  UASC [ ]  Other [ ]  click here to enter text. |
| Other important information click here to enter text. |
| Name of parent/carer click to add name | Relationship to young person click to add rel |
| Parent/carer Mobile click to add mobile | Parent/carer Email click to add email |
| House number & address same as young person Yes [ ]  No [ ]  (if no, give details below)click here to enter text. |

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| **Referrer’s Details** |
| Name click to add name | Alternative contact click to add details |
| Organisation click to add organisation |
| Address click to add address |
| Tel click to add number | Email click to add email |

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| **GP Details** if different from above |
| Name of GP click to add name | Practice name select Practice name |
| Tel click to add telephone | Email click to add email |

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| **Other professions currently involved** if known |
| Name of Professional | Organisation | Phone number | Email address |
| click to add name | click to add | click to add | click to add |
| click to add name | click to add | click to add | click to add |
| click to add name | click to add  | click to add | click to add  |

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| **Referrers understanding of presenting problem, expectations and level of concern about safety of young person** |
| Presenting problem(s) or issue(s) click here to describe presenting problem |
| What does the young person expect from this referral? Click here to describe what the young person expects from this referral |
| **Referrers level of concern** Low [ ]  Moderate [ ]  High [ ]  |
| Why? Reason for rating  |
| Off The Record cannot provide immediate support, for clients who present with high levels of concern please consider referral to an alternative service e.g. CAMHS for under 18s |

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| **E-signature of referrer** e-signature | Date click here to enter date |