



Project 7



Referral Information Form

U-CAN & CAN Young People's Support Group

Young person's Name:

Address:

.....

.....

Postcode:

Tel:

Mobile:

D.O.B:

Name of parent/carer:.....

Contact no.:

.....

Consultant's name:

Care Co-ordinator's name:.....

Emergency Tel:

G.P name and practice:

Practice Address:

.....

.....

Practice tel:

.....

About the young person: - Medical

If on medication, currently on: antipsychotic / antidepressant / mood stabiliser / other (please specify)

.....

If has a diagnosis, it is :

Precautions / alert signs / RISK:

.....

.....

.....

Brief psychiatric, personal, and social history:

.....

.....

.....

Referrers/young persons main reason for the referral:

.....

.....

Contact Debbie or Marsha, Project 7, South Somerset Mind, The Markwick Centre, Dampier Street, Yeovil, Somerset BA21 4EN. Tel. 01935 474875

E: debbie.kendall@southsomersetmind.co.uk 1 of 2



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About the young person: - Social

Education status: At school (Please state which).....
 Home Tuition (Name of Tutor).....
 Medical Tuition (Buckland house)
 Other (please state).....

Accommodation: With parent (s) / In care (please state name of social worker)

Adequacy of positive activity: (rate current situation) good / satisfactory / unsatisfactory

Main Interests and hobbies:

Is client able to make their own way to the group or will transport need to be arranged? (If the latter, what are the arrangements?)

Does the young person receive support through CAMHs? YES / NO
 If yes, what? (please include contact name)

<u>Reason for Referral:</u>	
To gain peer support	<input type="checkbox"/>
Broaden range of interests	<input type="checkbox"/>
Increase social network	<input type="checkbox"/>
Improve social skills	<input type="checkbox"/>
To learn skills/techniques to help him/her selves	<input type="checkbox"/>
Part of structured week/positive activities	<input type="checkbox"/>
Other (please specify)	

Referred By:	Position:
Date:	Tel:
To whom should feedback be addressed?	
Referrer <input type="checkbox"/>	Care Co-ordinator <input type="checkbox"/>
Other <input type="checkbox"/>	

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