

LOVE DA BEAT RADIO MENTORING

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RF2

Referrer Information

Name of Referrer:	Tel No :
Address:	
Postcode:	Email Address:
Position:	

Client Information

Name Of Referred Child/Young Person	Date Of Birth	Male/Female
Current Address	Home Telephone	Client's Mobile No
Postcode	Ethnicity	Main Language Spoken
Has the child/young person agreed to this referral (if appropriate)? YES / NO	Is he/she able to travel to appointments? YES / NO	Interpreter Needed YES / NO
Is s/he on the Child Protection Plan? YES / NO	Name and address of school/college	

Parent /Guardian/Carer Information

Who does the young person live with? NAME RELATIONSHIP		Did they agree to this referral? YES / NO	Accommodated by the local authority? YES / NO
Mobile number	Ethnicity	Main language spoken?	Interpreter required? YES / NO
Who should correspondence be addressed to? (i.e. carer and child, mother and child, father and child, parents			

Name of person(s) with parental responsibility (if different from above) NAME RELATIONSHIP	Are they aware of the referral? YES / NO
Address (if different to above)	

Parental Permission

I/We are in agreement with this referral to Love The Beat Community; and I/We give consent for my/our child to be seen individually if considered necessary.	Signed
	Print Name(s)

Referral information

Reason for referral (presenting problem, duration, severity including any nature of mental health concern):
Background information (e.g. significant family difficulties, bereavement, illness parental separation, change and home or school):

What is the referrer hoping to achieve by making this referral?

Please give relevant medical history/current medication to stabilise mood/behaviour.

Legal Status of Young Person

Name of Social Worker: Address:	Telephone Number: Fax Number:
Are there any pending Court Proceedings? • If YES please give details (e.g. Youth Offending, Care Proceedings etc.)	YES / NO Dates of any fixed hearings
If the person is "looked after" by the Local Authority, is there a care plan? • If YES does the care plan propose a referral for a mental health assessment?	YES / NO YES / NO

Is the young person on the Child Protection Register? •If YES under what category of registration?	YES / NO YES / NO
Nationality of young person	Immigration Status of young person

Details of previous interventions:

List successful strategies:

List unsuccessful strategies:

Risk Assessment Form

(Please complete for all referrals)

Factors	Present	If YES, please describe
Violence to others	YES / NO	
Cruelty to animals	YES / NO	
Use / collection / carrying of weapons	YES / NO	
Self Neglect	YES / NO	
Deliberate Self Harm	YES / NO	
Deliberate Fire Setting	YES / NO	
Substance Use / Misuse	YES / NO	
Poor supervision at home	YES / NO	
Exploitation or abuse?	YES / NO	Physical / emotional / sexual
Inappropriate behaviour (e.g. sexual)	YES / NO	
Psychotic symptoms (e.g. hearing voices)	YES / NO	
Interfamilial discord	YES / NO	
Family history of mental problems	YES / NO	
Family history of self-harm	YES / NO	
Family history of substance misuse	YES / NO	
Witness to violence	YES / NO	
Criminal activity	YES / NO	
School exclusion/ non-attendance	YES / NO	
Lack of social support (e.g. family or friends)	YES / NO	
Poverty / unemployment in family	YES / NO	

Print Name Of Person Referring	Date:
Signature of Person Referring	