

DECCA Team Referral Form

Please complete this form as fully as possible to ensure that the young person receives the service that meets their needs.

The young person must be aware that a referral has been made for them, and be willing to meet with us, before we can contact them.

The information you supplied is for use of the DECCA Team and is confidential. It will only be passed to partner organisations with permission.

Section A: Details of young person (if for a group use the Group referral sheet)

First Name		Surname	
Date of Birth	Age <input style="width: 30px; height: 20px;" type="text"/>	Gender	
Ethnicity		Place of Birth	
Address			
Contact number(s)			
How does the client want to be contacted? (direct, via referrer, etc)			

Additional Information

Does the young person have any Special Educational Needs?	
Has the young person got any disability?	
Is the young persons parent/carer aware of this referral	
Is the young person in care?	



Drug Education, Counselling and Confidential Advice

DECCA (Drug Education, Counselling and Confidential Advice) Team
 Hawthorns House
 Halfords Lane
 Smethwick
 West Midlands
 B66 1BJ
 Tel: 0845 838 5317 or 0121 524 2615 FAX: 0121 524 2616

Section B: Details of referring person/agency

First Name		Surname	
Job Title		Date of referral	
Address			
Contact number(s)			
Email address:			
Would you be the lead contact for this young person? If No please state who is			

Section C: Drug use

What drug(s) is the young person currently using?			
How often are they using?			
How long has the young person been using?			
Has the young person ever received any drug education, drug treatment/counselling before and if they haven't, would they be willing to? Please provide further information on further information sheet.	Drug education	<input type="checkbox"/>	Willing to receive <input type="checkbox"/>
	Drug Counselling/treatment	<input type="checkbox"/>	
Has the young person ever engaged in practices which put them at risk (injecting, sharing equipment, poly drug use, binge/excessive drinking, VS use)?			
Has the young person ever overdosed or been hospitalised due to their use?			
Is or has the young person ever become violent after drug use?			



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How do they pay for their drug use? Are they involved in crime?	
How do they view their drug use? Are they concerned?	

Section D: Further Information

Please detail any further information you have please e.g. Has the young person ever self harmed? Are there any mental health issues.



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Agreement

We believe each organisation we work with will agree to work with us.
Before you sign this referral form please read the DECCA Team Policy carefully. The signing of this referral means you have agreed to work within its boundaries.
Any young person referred needs to be aware that a referral has been made for them

Signed:

Print name:

Date:

