



How to refer:-

To discuss the referral please contact us on:-

01723 330730 (option 2) / 08000 14 14 80 (option 2)

Via email: humankind.nyyp.admin@nhs.net

or nyyp.admin@humankindcharity.org.uk (secure from NYCC email addresses).

NY RISE Young People's Drug and Alcohol Service

Name		D.O.B	
Address		Postcode	
Education status School/ College/ Employment/ NEET		Preferred Pronoun	
		Gender	
Disability	Yes (please provide details)	No	Prefer not to say
Youth Justice Service Involvement	Yes	No	
Looked after child	Yes	No	Prefer not to say.
Social care Involvement	Yes (Record contact details)		No
Does YP have any communication needs?	Eg hearing / sight / speech / translation? Yes – please provide details.	No	
Contact details for YP/ Parent			
Details of other agencies involved			
Referrer details (Name, Contact number, role/relation to YP)			

Is the young person aware of referral?	Yes	No
Parent/carer aware of referral?	Yes	No
What support would the YP want from our service?		

Where does the YP want to be seen? Are they comfortable with virtual intervention eg phone / video call?	
Preferred Contact Method? Phone/Letter/Text/social media	

Current substance use

Substance	Frequency (eg daily/weekly)	Method of use (eg sniff, smoke)	Amount	Further info (eg how long used for)

Any risks of H/V to worker when meeting YP

In the box below please record any additional concerns for the young person e.g., Mental health, self-harm, CSE/CCE, attendance at A&E due to drug/alcohol use, homelessness, NEET, Drug debt, domestic violence, involved in offending pregnancy, family drug/alcohol use.

Internal Use Only:

Date of Referral:	
Name of Worker taking referral:	