**BWell Professionals' Referral**

**Form**

Large font or screen reader friendly versions of forms are available on request.

Please call us on **020 7267 1321**

Thank you for contacting us about our BWell Coaching service. For information on the support we offer, please see our website.

Please complete this form, giving as much information as you can, and email the form to

# bwell@brandoncentre.org.uk

If anything in the form needs explaining or you need help completing the form, please call Brandon Centre on **020 7267 1321** and a member of staff can go through the form with you.

Once we have received your form, we will let you know whether or not the young person has been accepted. It is possible that someone at Brandon Centre may call you asking for more information about your referral. This is so that we have the necessary information to make sure that the young person is provided with the right kind of support.

Please ensure you update us if your or the young person’s contact details change as we will send emails, texts and (in some cases) letters confirming the young person’s assessment time and date.

# We are only able to offer appointments to people aged 12 - 24 who have a Camden or Islington GP or home address.

*Please tick the appropriate box below.*

# Camden Islington

**Need help immediately?**

Please note that we are not an emergency service. If the young person needs urgent support please contact their GP, or go to the nearest hospital A&E. If the young person is under 18, she/he can call **the CAMHS Under 18s mental health crisis line on 0800 151 0023;** or if the young person is over 18 she/he can call the 24 hour **Crisis Line** on **0800 917 3333**.

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| **Young Person’s Details** |
| Referral Date: DD / MM / YYYY  |
| First Name |  | Surname |  |
| Date of Birth | DD / MM / YYYY  | Age\* |  |
| Gender |  | Ethnicity | Choose categories from final page |
| Telephone number |  |
| Email address |  |
| Borough | Camden | Islington |
| Home Address |  |
| Postcode |  |
| Consent to send letters? | Yes | No |
| Preferred contact method |  |
| School/College/University |  | Free school meals? |  |
| GP name & practice:Address:Telephone: |
| Has the young person given consent to contact GP? | Yes | No |
| Has the young person had support from other services (e.g. CAMHS, iCope) | Name of service:Yes | No |
| Has the young person given consent to contact other services? | Yes | No |
| Has the young person or family had support from Social Services? | Name of service:Yes | No |
| Has the young person given consent to contact Social Services? | Yes | No |

|  |  |
| --- | --- |
| **Referral Type** | Referred Self-referred |
| REFERRED BY | Name |  | Telephone |  |
| Organisation |  | Address |  |
| Email |  |
| Is the young person aware of this referral? | Yes | No |

**Clinical Information**

**Coaching is a non-judgmental place for young adults to make change in their life that would improve their wellbeing. Please can you explain the reason for making this referral?**

**Risk assessment and safeguarding concerns.**

**Clinical Information**

**Please provide details of any risk management plans that would be in place if this young person were to be placed on our waiting list.** **Please could you explain what support this young person received from your service (not necessary for GPs to complete)?**

**Please could you explain what support this young person received from your service (not necessary for GPs to complete)?**

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| **Your ethnic group** *(Please choose one of the sections below and tick your group)* |
| Any other ethnic groupPlease state Prefer not to sayUnknown | **White**White British White IrishAny other white background | **Mixed**White & Black Caribbean White & Black African White & AsianAny other mixed background |
| **Asian/Asian British** | **Black/Black British** | **Chinese or other** |
| Indian Pakistani BangladeshiAny other Asian background | Black Caribbean Black African Black BritishAny other black background | Chinese Middle Eastern Any other |