**The Stephen Lyon Organisation Referral Form**

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| **REFERRAL SOURCE: Please Tick**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Self-Referral** | **Social Work** | **Education** | **NHS** | **Police** | **Counsellor** | **Other** |

 |
| **AGENCY** |  | **PHONE** |  |
| **ADDRESS** |  | **EMAIL** |  |
| **FORM COMPLETED BY** |  | **PHONE** (if different from above) |  | **DATE** |  |

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| --- |
| **RECEIVED BY: ALLOCATED WORKER:** |

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| **SERVICE USER INFORMATION** |
| **LAST NAME** |  | **FIRST NAME** |  |
| **DATE OF BIRTH** |  | **GENDER** |  |
| **IS INTERPRETER REQUIRED?** (If so what language) |  | **PREFERRED NAME** |  |
| **PARENT/GUARDIAN NAME** (Under 16yrs only) |  | **NEXT OF KIN IN CASE OF EMERGENCY** (16yrs plus only) |  |
| **INDIVIDUAL’S ADDRESS INCLUDING POST CODE** |  | **MOBILE NUMBER** |  |
|  | **HOME NUMBER** |  |
|  | **WORK PHONE** (If required) |  |
|  | **EMAIL** |  |

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| **PRESENTING CONCERNS / COMMENTS** Attach additional sheets and / or supporting documentation if deemed necessary. |
| **REASON FOR REFERRAL** |  |
| **IS SERVICE USER AWARE OF REFERRAL? IF NOT, PLEASE EXPLAIN.**  |  |
| **SERVICE / SUPPORT REQUESTED** |

|  |  |  |
| --- | --- | --- |
| ADVICE & INFORMATION | FACE TO FACE SUPPORT | BOTH |

 |
| **ANY ADDITIONAL COMMENTS** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **RECEIVED BY**  |

|  |  |  |
| --- | --- | --- |
| EMAIL | POST | PHONE |

 | **DATE RECEIVED** |  |