Request for Service for **Youth Emotional Support (YES)- For young people aged 11 to 18th Birthday**

***Please ensure the patient is aware that information in this referral may be shared with West Sussex County Counci Children’s Services. chi***

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| Referring GP/School nurse Name: Date patient seen: Date of referral: |
| Surgery Name: |
| School/College: |
| Young Person’s Full Name: |
| Date of birth: Age: Gender: |
| Address: |
| Young person’s contact telephone: Parent’s Contact details: |
| Does the young person have any medical conditions/disabilities? |
| **Does the Patient agree to information about this referral being shared with parent/carer? Yes/No** Please ask**If the young person is under 13 we will need to contact the parent/carer** |

**Reason for referral:**

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| **Presentation** | **Please tick** | **Detail: How does this affect the patients day to day functioning? \*Please give as much information as possible.** (e.g. sleep, eating, education or work, relationships, socialisation, substance use). |
| Low Mood |  |  |
| Suicidal Ideation |  |  |
| Self-Harm |  |  |
| Suicide attempt |  |  |
| Family/relationships |  |  |
| Eating/Diet |  |  |
| Sleep |  |  |
| Anxiety |  |  |
| School/College/Work attendance |  |  |
| Bullying |  |  |
| Offending |  |  |
| Risk of Sexual Exploitation |  |  |
| Taking Medication? |  |  |
| Using Substances? |  |  |
| Auditory/visual hallucinations? |  |  |
| **What does the Young person want to change?** (YP needs to be present in consultation to refer to YES) |
| What has been tried previously? |
| What is the Parent/carer Viewpoint? |
| What level of concern do you have? Mild Moderate Severe  |

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| Please describe any safety issues presenting for the Young Person, family or professional: |
| Risks to others? |
| Risks to self? |
| Risk of home visits? (e.g. animals, family members): |

**Other Information:**

This referral should now be emailed to yes@westsussex.gov.uk

A copy can also be given to the Young Person to ensure they are aware of the content of the referral.