Referral by professionals to Off The Record Merton face-to-face counselling service for young people aged 11-25 who live in the London borough of Merton or are registered with a Merton GP.  
  
Please send this form and any attachments by secure email to [offthe.record@nhs.net](mailto:offthe.record@nhs.net)

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| **THIS SECTION IS FOR COMPLETION BY OFF THE RECORD** | | | | |
| **OTR Client Code:** | **Self-referral** 🞏  Date of first contact | **Professional referral** 🞏  Date of referral to OTR:  Date accepted by OTR: | **OTR safeguarding action taken**  MASH 🞏    OTR SG log 🞏 | **OTR risk rating**  Low 🞏  Medium 🞏  High 🞏 |

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| **Young Person Details** | | | | |
| First name click to add name | | Surname click to add surname | | |
| DOB click to enter DOB | Age click to enter age | Male | Female | Other |
| Ethnicity click to enter Ethnicity | | School/College if appropriate click to add school/college | | |
| Has the young person consented to this referral? | | Yes  No | We can ONLY accept referrals where the young person has consented to the referral being made | |
| Has the parent/carer consented to this referral? | | Yes  No | If the young person is UNDER AGE 13 parent/carer consent is REQUIRED  (n/a if young person is over 18) | |
| Is the parent/carer aware of this referral? | | Yes  No | If no, is there a reason for this?  (n/a if young person is over 18)click to add | |
| Young person mobile number click to add | | Young person home number click to add | | |
| Young person email click to add email | |  | | |
| Young person address and postcode click to add address | | | | |
| Client Status:CIN  CP Plan  Disability  LAC  SEN  EHCP  UASC  Other  click here to enter text. | | | | |
| Other important information  click here to enter text. | | | | |
| Name of parent/carer click to add name | | Relationship to young person click to add rel | | |
| Parent/carer Mobile click to add mobile | | Parent/carer Email click to add email | | |
| House number & address same as young person Yes  No  (if no, give details below)  click here to enter text. | | | | |

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| **Referrer’s Details** | |
| Name click to add name | Alternative contact click to add details |
| Organisation click to add organisation | |
| Address click to add address | |
| Tel click to add number | Email click to add email |

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| **GP Details** if different from above | |
| Name of GP click to add name | Practice name select Practice name |
| Tel click to add telephone | Email click to add email |

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| **Other professions currently involved** if known | | | |
| Name of Professional | Organisation | Phone number | Email address |
| click to add name | click to add | click to add | click to add |
| click to add name | click to add | click to add | click to add |
| click to add name | click to add | click to add | click to add |

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| **Referrers understanding of presenting problem, expectations and level of concern about safety of young person** |
| Presenting problem(s) or issue(s) click here to describe presenting problem |
| What does the young person expect from this referral?  Click here to describe what the young person expects from this referral |
| **Referrers level of concern** Low  Moderate  High |
| Why? Reason for rating |
| Off The Record cannot provide immediate support, for clients who present with high levels of concern please consider referral to an alternative service e.g. CAMHS for under 18s |

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| **E-signature of referrer** e-signature | Date click here to enter date |