**CheckPoint Young Peoples Drug and Alcohol Service for Under 18’s**

**T: 01803 200100 E:** [**checkpoint.torbay@nhs.net**](mailto:checkpoint.torbay@nhs.net)

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| **Name:** | **Address:** |
| **Date of referral:** |
| **Date of birth:** |
| **Age:** | **Gender assigned at birth:**  **Gender** (identifies as) |
| **Ethnicity:**  **White: British/ Irish/ Other** **Gypsy, Romany, Irish Traveller**  **Mixed/multiple**: White and Black Caribbean/ White and Black African/ White and Asian/ Other  **Asian or Asian British**: Indian/ Pakistani/ Bangladeshi/ Chinese/ Other  **Black or Black British**: Caribbean/ African/ Other  **Arab Other ethnic group Refused Not known** | |
| **DISABILITY Please circle**  **A.** No disability  **B.** Social/communication impairment such as  Asperger’s syndrome/other autistic spectrum disorder  **C.** Blind or have a serious visual impairment  **D.** Deaf or have a serious hearing impairment  **E** You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy | **F.** Specific learning difficulty such as dyslexia,  dyspraxia or AD(H)D  **G.** Physical impairment or mobility issues, such as  difficulty using your arms or using a wheelchair or crutches  **H.** Disability, impairment or medical condition  that is not listed above  **I.** Two or more impairments/and or disabling medical  conditions |
| Please give details of any additional requirements or provision to enable them to access the service? i.e. interpreter service, wheel chair access etc. | |
| **Religion:** 🔿 unknown/not stated 🔿 practising (please say which) | |
| **Referrer name: Organisation** (if applicable):    **Contact details:**    **Referrer relationship to young person**: | |
| **Name of person completing this referral:** | |
| **Times, days available for an appointment?** (if known) | |
| **How can we contact you/them?** (Please give at least one phone number)  🔿 phone – mobile 🔿 phone – landline 🔿 text 🔿 other method  (please specify)………………………  **Phone numbers:**  Young Person.………………………….…………………………………………………………………………………  Parent/Carer.………………………….…………………..Name……………………………………………………  **Email address:** (if known)  Young Person.………………………….…………………………………………………………………………………  Parent/Carer.………………………….…………………..Name…………………………………………………… | |
| **Is young person aware of this referral?  yes  no**    **Has the Young Person given consent to treatment at CheckPoint  yes  no**  **If no……………. Young Person will not be contacted until consent is provided.** | |
| **Is parent/carer aware of this referral?  yes  no** | |
| **Is this young person in local authority care?  yes  no**  **If yes please give details** | |
| **Is the Young person subject to a YJS order?  yes  no**  **If yes please give details including allocated JYS worker** | |
| **Please give details of any risk we should be aware of?**  **Could this Young person pose any risk to the practitioner?  yes  no**  **If yes please explain** | |
| **Does the Young person have any neurodiversity’s that we need to be aware of?  yes  no**  **If yes please explain….** | |
| **Are there any other agencies involved?**  **If yes please provide details i.e. name, agency, contact number** | |
| **Please provide details on young Persons education, training and employment.**   * + Full-time education at school college (name) / EHCP   + Training programme / Employment name   + Other (please describe) | |

**Current Substance Use**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drug name | Amount | Frequency | Route | Age at first use |
| Alcohol |  |  |  |  |
| Cannabis |  |  |  |  |
| Ecstasy |  |  |  |  |
| Cocaine |  |  |  |  |
| Amphetamine |  |  |  |  |
| Ketamine |  |  |  |  |
| Acid |  |  |  |  |
| Mushrooms |  |  |  |  |
| Other |  |  |  |  |

Frequency: Daily, Weekly, Monthly, Occasional, Binges

Route: Oral, sniffed/ snorted, smoked, injecting, unknown, other route.

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| **Has the Young Person received Drug and Alcohol treatment previously?**  **What have they/you used in the past week?**  Is this typical?  **Does anyone else see their/your substance use a problematic?** |