Mind for better mental health | Great Yarmouth & Waveney

YPiM Referral Form

For Office Use:
Date Received
Added to Minder
Allocated to

Young People in Mind support young people aged between 14-25 who are struggling with their emotional health and wellbeing.

Name	Male ☐ Female ☐	Date of birth Age
Address Postcode	Telephone / Mobile Can a voicemail be left? Yes ☐ No ☐ Can a message be left with parent/guardian etc Yes ☐ No ☐	
Email	Ethnicity	
Preferred method of contact Text ☐ Telephone ☐ Letter ☐ Email ☐	Please contact Young Person ☐ Referrer ☐ for an initial appointment	

Unfortunately, Young People in Mind cannot accept referrals if:

- the young person regularly uses life threatening behaviours
- the young person has a developmental delay/disorder, learning difficulty, ADD/ADHD, Autistic Spectrum Disorder (including Aspergers)

Support requested (If known) please tick all that apply

☐ Anxiety	☐ Emotional difficulties around Food/Body Image
☐ Low Mood	☐ Coping with difficult relationships (home/education/work)
☐ Self Harm	☐ Managing anger
☐ Suicidal thoughts	☐ Coping with traumatic events
☐ Sleep difficulties	
☐ Confidence and self esteem	☐ Other – please give details in the other information box

Or

☐ **Transition Service** (for young people aged 17-25 discharged from community mental health services: to support an individual in his/her next step to access services and information including education, getting ready to volunteer/work, access to wellbeing workshops, housing & benefit support and physical and group activities)

Referrer details

Name	Organisation	Role
Telephone / Mobile	Email (if you are happy for us to email client information)	

Please sign and date ______________________ ______________

Referred person Date

______________________ ______________

Referrer Date

PLEASE COMPLETE PAGE 2 OVERLEAF

Name of GP Surgery:

Phone number of Surgery:

Name of GP:

Please provide as much information about your current situation so we can offer you the most appropriate support:

Risk Assessment and relevant information

Is there a history of any of the following risks – please tick all that apply	**Yes**	**No**
Risk of violence / aggression		
Damage to property		
Risk to children		
Use of illegal substances		
Use of alcohol to excess		
Inappropriate sexual behaviour		
Other		

If you have answered yes to any above, please give further details including how current the risk is

Please note:
Incomplete referrals will be returned as we require all information before accepting the referral.
A referral may be redirected to our adult services if we feel their services are more appropriate.

Please return form to:

Young People in Mind Referrals
Great Yarmouth & Waveney Mind
28-31 Deneside
Great Yarmouth NR30 3AX
Tel 01493 842129 Email reception@gywmind.org.uk