

Is there any other information about the young person, or their situation that you think would be useful for us to know	Yes <input type="checkbox"/> No <input type="checkbox"/>
Details	

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 return form to:

**Young People in Mind Referrals
Great Yarmouth & Waveney Mind
28-31 Deneside
Great Yarmouth NR30 3AX**

Tel 01493 842129 Fax 01493 330294 Email reception@qywmind.org.uk

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.