GD Therapeutic Service - Yellow Door

30 Brookvale Rd

Southampton

SO17 1QR

t: 02380 636312

**Referral form**

For a young person/family member/professional to complete as appropriate.

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| **Young Person’s details:** | Name of Young Person: | Tel number for Parent/Carer:  Tel number for Young Person:  Please note we normally make initial contact with the above parent/carer for those under 18. Please tell us here if we should contact somebody else in the first instance: |
| Date of birth: |
| Age: |
| Address: | |

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| **Self referral:** yes / no  **Referred by:**  Name and agency of referring professional:  Contact address of referrer:  Contact telephone no of referrer:  Contact email address of referrer:  G.P.’s name and address: |

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| --- | --- | --- |
| Please tell us about any physical health problems *e.g. asthma / epilepsy/ allergies /diabetes* | Please tell us about any medication you are taking and what has it has been prescribed for: | Who should we contact in an emergency? Please give contact details: |
| Do you have any professionals working with you at the moment? | Contact details of professionals: | How often do you see them and what for? |
| Have you had any other professionals working with you in the past? | Contact details of professionals: | How often did you see them and what for? |
| Are you happy for us to contact any of the above named professionals if we think that would be helpful? Yes / No | | |

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| Can you tell us something about your family and / or home life ?  Can you tell us about other areas of your life and how you feel about them (include things such as school, college, work, friendships)  Can you tell us about why you are interested in this service and how you hope it will help?  Is there anything else you would like us to know? |

Signed.................................................................................................date..............................................................................

Thank you for filling this form out. Please either print and post it to the address at the top of this form or return it viaemail to [info@yellowdoor.org.uk](mailto:info@yellowdoor.org.uk?subject=GD%20Group%20Referral).

Please note that whilst we do our utmost to ensure the security of data transferred to us, any transmission of your personal data is undertaken at your own risk.

If you have any problems or questions regarding this form or the services we provide please telephone us on **02380 636312** and ask for Jo Pearce or Cliff Free. Please note we do not work full time for this service and so may take some time to return your call.