



# Children and Young People Social Prescribing Team Referral Form



**Lancashire and  
South Cumbria**  
Integrated Care Board

Date Of Referral:		Referral Via:	
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**Child's Details**

Full name:		Gender assigned at birth:	
Date of birth:		Gender identity:	
Full address:		NHS number:	
		EMIS ref	
		Preferred language:	
		Ethnicity:	
GP name:			
GP practice:			
Health issues, if applicable:			
School name			
Name of school contact and their contact number and email:			

**Referral Details**

Please provide explanation of the reason for referral:  
(please include any safeguarding concerns and any other services working with the family)

**Parent/ Guardian details**

Full name:	
Date of birth:	
Full address:	
Tel:	
Relationship to child:	
Health issues:	
Preferred language	
<b>Who else lives in the home?</b>	
Name, age and relationship to YP	
Health issues	
Name, age and relationship to YP	
Health issues	
Name, age and relationship to YP	
Health issues	

Name, age and relationship to YP			
Health issues			
<b>Referrer's/Contact's Details</b>			
Full name:		Team/Agency/ Organisation:	
Tel:			
Email:			
<b>Additional Information</b>			
Safe to visit alone:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please state why:			
Risk of infection:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify:			
Please include additional information relevant to this referral e.g. behavioural/mental health issues:			

<b>If You Require Feedback Please Complete</b>			
Full name:		Email:	
<b>&gt;&gt;&gt;&gt;&gt;We cannot accept a referral without consent&lt;&lt;&lt;&lt;&lt;</b>			
<b>Verbal consent has been obtained to share the above information with BPRCVS for referral and contact</b>	<b>Yes</b>	<b>No</b>	
<b>Verbal consent has been obtained to input information regarding the referral on the clients' GP medical records</b>	<b>Yes</b>	<b>No</b>	
<b>Verbal consent has been obtained to discuss the information on this form with other agencies including school, health ect</b>	<b>Yes</b>	<b>No</b>	
<b>Please state below any agencies the person being referred is NOT happy to share their information with....</b>			
<p><i>In accordance with GDPR, the data provided will be stored safely and securely in the Children &amp; Families Team's database and secure file storage. The purpose of this data allows the Children &amp; Families Team to contact the young person, parent or guardian directly and offer support. All records are completely confidential and only the aforementioned team and NHS staff will have access to them. No information will be shared with third parties without prior agreement. This data will be stored no longer than funder's requirements. Agency/health practitioner referrals should direct all clients to referring and recipient organisations for a copy of their respective privacy policies and their rights as a data subject.</i></p> <p><i>BPRCVS Privacy Policy: Please speak to a member of the children and families team if you would like a copy.</i></p>			<input type="checkbox"/>

Please submit the completed referral form, with consent, to both:

[sammie.taylor@bprcvs.co.uk](mailto:sammie.taylor@bprcvs.co.uk) and [sania.farzana@bprcvs.co.uk](mailto:sania.farzana@bprcvs.co.uk)

