



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: Please highlight relevant practice.	Pendle Valley Reedyford health care practice Pendle view medical centre Nelson medical practice Dr jehangir's Whitefield Fairmore medical 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	

Who else lives in the home?

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			
Referrer's/Contact's Details			
Full name:		Team/Agency/ Organisation:	
Tel:			
Email:			
Additional Information			
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, SEND (Inc, Pathway/referral):			

If You Require Feedback Please Complete			
Full name:		Email:	
>>>>>We cannot accept a referral without consent<<<<<			
Verbal consent has been obtained to share the above information with BPRCVS for referral and contact.	Yes	No	
Verbal consent has been obtained to input information regarding the referral on the clients' GP medical records.	Yes	No	
Verbal consent has been obtained to discuss the information on this form with other agencies such as child's school and children and family wellbeing if appropriate.	Yes	No	
<p>In accordance with GDPR, the data provided will be stored safely and securely in the Children & Families Team's database and secure file storage. The purpose of this data allows the Children & Families Team to make sure we have relevant information to keep the young person safe. All records are completely confidential and only BPRCVS staff and NHS staff will have access to them. 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</p> <p>BPRCVS Privacy Policy: Please contact a member of the Children & Families Team if you wish to receive a copy.</p>			

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



sammie.taylor@bprcvs.co.uk

sania.farzana@bprcvs.co.uk

