

Health and Wellbeing support

Upper Don Valley/Stocksbridge PCN

This Support Request Form is for you to complete if you have a young person who you feel would benefit from some additional support for them to make better choices for their future.

Young persons details:

Name:	Title:	Gender:
NHS Number:	Date of Birth:	
Current Address:	Telephone:	
Postcode:	Email:	
Nationality:	Preferred mode of contact:	

Main parent/carer information

Name:	Title:
Relationship with Young Person:	
Current Address:	Telephone:
Postcode:	Email:

Referrer Details:

Referrer Name:	
Contact Details: e.g. Place of Work	Telephone:
	Email:

Request for Support:

Anger/Frustration	Problems at home/school	Loss/Bereavement
Anxiety/Stress	Relationships	Trauma
Self Esteem	Depression	Other (please specify below)

PLEASE STATE THE REASON FOR REQUESTING SUPPORT FOR THIS YOUNG PERSON:

Please provide as much information as possible, as this will help us decide on the best form of support we can offer. Use extra sheets if needed.

Does the Young Person have any other support from other agencies? If so, where?

Social Worker <input type="checkbox"/>	MAST / Family Support Worker <input type="checkbox"/>
Mental Health Worker <input type="checkbox"/>	Youth Justice Worker <input type="checkbox"/>
Youth Worker <input type="checkbox"/>	CSE Worker <input type="checkbox"/>
Counsellor <input type="checkbox"/>	Sheffield Futures <input type="checkbox"/>
Probation Worker <input type="checkbox"/>	Housing Services <input type="checkbox"/>
Other (please specify):	

Consent:

Has the person given specific consent to be referred to this service?

Yes No

Email the completed form to: kate.hedley@sheffieldfutures.org.uk

Mobile number: 07773 951229