****

**INSIGHT PLATFORM**

**020 8493 8525**

**Email:** [**insightplatform@blenheimcdp.org.uk**](mailto:insightplatform@blenheimcdp.org.uk) **| Address: 40 Bromley Road, Tottenham, London N17 0AR**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | | |
| **Title:**  Mr Mrs Miss Ms  Other: | | **Name:** | | | | **Referral Date:** |
| **D.o.B:** |
| **Address:**    **Postcode:** | | **Gender:**  Male Female Transgender  Prefer not to say Other: | | | | **Telephone:**  **Mobile:** |
| **Email address:** | | | | |
| **Accommodation Status:** No Housing Problem Housing Problems Homeless | | | | | | |
| **How would the client like to be contacted?** Phone Text Letter e-mail  Other (please specify) | | | | | | |
| **Ethnic** | **White:** | | **Asian or Asian British:** | | **Other Ethnic Group:** | |
| **Origin:** | White British | | Indian | | Chinese | |
|  | White Irish | | Pakistani | | Any Other Ethnic Background | |
|  | Any Other White Background | | Bangladeshi | | (please specify): | |
|  | **Mixed:** | | Any Other Asian Background | |  | |
|  | White & Black Caribbean | | **Black//Black British:** | |  | |
|  | White & Black African | | Black Caribbean | | Not stated | |
|  | White & Asian | | Black African | | Ethnicity is unknown | |
|  | Any Other Mixed Background | | Any Other Black Background | |  | |
| **Does the client require an interpreter?** Yes No (If Yes, please specify language): | | | | | | |
| **Does the client care for any children or adults?** Yes No (If Yes, please add details to additional info box) | | | | | | |
| **Religion:** | | | | | | |
| **Does the client consider themselves to have a disability (physical or learning)?** Yes No  (If Yes, please provide details): | | | | | | |
| **GP Name, Address & Phone Number:** | | | | | | |
|  | | | | | | |
| **Referrer’s Details** | | | | | | |
| **Name:** | | | | **Agency Name:** | | |
| **Address:**  **Postcode:** | | | | **Telephone:**  **Fax:** | | |
| **Email:** | | |
| **Is the client aware of the referral?** Yes No  **Can we use your premises to conduct appointments with this client?** Yes No  **Would a joint visit be appropriate?** Yes No | | | | | | |
| **Insight Platform Support Required:** YP Substance Use Hidden Harm Parenting Families & Carers  (Please enter more details on next page) | | | | | | |
| **If applicable is the Child / Young Person aware of substance misuse issues in the family?**Yes No | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **Can parent or other significant other be contacted** Yes No Please give details: | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **How did you hear about the Service?** | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Current Substance Use (if applicable):** | | |
| **Drugs/Alcohol Used** | **Amount** | **Method of use (e.g. smoking, injecting, oral)** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Date and Result of last drug screen (if applicable):** | | |
|  | | |

|  |
| --- |
| **Reason for the referral:** |
|  |

|  |
| --- |
| **Risk and vulnerabilities:** |
| **Are there any risks that we should be aware of?** Yes No  If Yes please provide details e.g.   * **allergies** (and any further info e.g. carries epi-pen) * alcohol/substance related * mental health * suicide/self-harm * risks from others * child or adult safeguarding |
| **For referring agencies, when possible please provide a current risk assessment:** Attached Not attached |

|  |
| --- |
| **Additional Information:** |
| **Include any:**   * School/college/employment information * Social/Children Services details * YOT, diversion or Probation involvement/order * Carer information/responsibilities * Details of additional family members or significant others requiring support or living with client |

|  |
| --- |
| **Office Use Only:** |
| **Entered of case management system?**Yes No **Date:**  **Worker who uploaded on to system: Allocated worker:** |