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**INSIGHT PLATFORM**

**020 8493 8525**

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

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| **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  |
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| **Can parent or other significant other be contacted** [ ] Yes [ ] No Please give details: |
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| **How did you hear about the Service?**  |

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| **Current Substance Use (if applicable):** |
| **Drugs/Alcohol Used** | **Amount** | **Method of use (e.g. smoking, injecting, oral)** |
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| **Date and Result of last drug screen (if applicable):**  |
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| **Reason for the referral:** |
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| **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
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| **For referring agencies, when possible please provide a current risk assessment:** [ ] Attached [ ] Not attached |

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