



Barnsley Primary Care Network - Young Person's Social Prescribing Service

Young Person's Details

Date	
Young Person's Name	
Date of Birth (Is the person 18 or under?)	
Young Person's Address	
Young Person's contact telephone number and name of contact	
NHS Number (if Known)	
Registered GP Practice	
Referred from (Name and Organisation)	
Consent obtained from parent or guardian to make the referral	Yes/No
Name of consenting parent or guardian	
Referrer's Contact details	

Area of Need

Looking after emotional wellbeing	
Housing related	
Making connections	
Healthy Lifestyle	
Managing Symptoms	
Welfare Issues	
Help to stay living at home	
Work, volunteering and activities	



Eligibility Criteria

Struggling at School	
School Related	
Support with low level mental health conditions	
One or more long term conditions	
Lonely or isolated	
Must be aged between 15-18	

Reason for referral	
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Exclusion Criteria

Must not have Complex Issues; Victims of abuse Secondary mental health issues Drug/alcohol issues Offenders (criminal, sexual)	
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Risk Assessment

Number of GP appointments within the last 3 months (if known)	
Does the young person pose a risk to themselves? If yes please give details	
Does the young person pose a risk to others? If yes please give details	
If the young person at risk from others? If yes please give details	
Are there any risks associated with the property, venue or location?	
Are there any risks in the household?	
Does anyone in the household have any convictions?	



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Any other details	
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Please send the completed form to: barnsleyccg.pcnsocialprescribing@nhs.net