HOSPITAL YOUTH WORKER REFERRAL FORM
The Royal Alexandra Children's Hospital Emergency Department

Timescale	Date	Time
Presented CED		
Admitted to ward		
Deemed Medically Fit		
Discharged		

Consent gained for referral from:
- Young Person ☐
- Parent / Carer ☐
- Safeguarding ONLY ☐

YP home address:
- Brighton & Hove ☐
- East Sussex ☐
- West Sussex ☐
- Other ☐

Name & Address (Or sticker)		**Parent name**	
		Updated Parent Mobile No.	
		Updated the Parent Contact ☐	
YP Phone No.	**Hospital No.**	**D.O.B**	**Gender Identity**

Current Location of Young Person

CED ☐ Short Stay ☐ Admitted to Ward ☐ Discharged ☐

Number of CED attendances since 10 years old		Date of Previous Attendence:	

Other Services Involved

PMHLT ☐ Police ☐ Social Work ☐ Youth Offending/Justice ☐ Adolescent Services ☐
Community Mental Health ☐ Substance Services ☐ Other: N/A ☐

Reason(s) for Referral (See expanded list on Hospital Youth Worker information poster)

Suspicious injury ☐	**Reattendance Patterns** ☐	**Alcohol** ☐
Violence ☐	**(Suspicions of) Exploitation** (CCE & CSE) ☐	**Drugs** ☐
Offending ☐	**Missing Episodes** ☐	**Sexual Health** ☐
Victim ☐	**Harassment / Hate crime** ☐	**Social Concerns** ☐

Notable Factors, Characteristics & Concerns

To complete the Referral:

1. Complete with maximum detail **2.** Email to **uhsussex.alexyouthworker@nhs.net** **3.** Call the Youth Work Team on **07869 378722**

I acknowledge that a referral to the Hospital Youth Worker is not a replacement for typical safeguarding practice, nor an alternative to Paediatric Mental Health Liaison Team's interventions. ☐	**Clinician Name:**	**Department:**

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