

OFFICE ONLY:

Date received:

**Fleet Phoenix**

Anxiety Unwound referral.

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| --- |
| About the person making the referral |
| Name |  |
| Organisation |  |
| Contact details - email & phone number |  |

|  |  |
| --- | --- |
| Name of young person – What they like to be known as. |  |
| Address | Postcode: |
| Telephone No Home |  |
| Mobile No |  |
| Date of Birth |  |
| Pronouns |  |
| Name of GP & Surgery | Phone no: |
| Are there any other professional workings with you?If Yes - Name, service & contacts please*Please use reverse if more than one is involved.* |  |
| Health issues to be aware of:(medical, physical and/or mental) | Logo  Description automatically generated |
| Disabilities to be aware of: |  |
| Learning difficulties to be aware of: |  |
| Medications being taken at present: |  |
| Anxiety triggers, if known: |  |
| Symptoms of anxiety present i.e. panic attacks, social isolation, school attendance issues, avoiding social situations: |  |
| Has the client (young person) agreed to attend the Anxiety Unwound project? | Yes/No |
| Has the client’s parent / guardian agreed for their information to be shared with Fleet Phoenix? | Yes/No |
| Parent/Guardian name: |  |
| Parent/Guardian address if different from client |  |
| Parent/ Guardian contact details | Email-Landline-Mobile-  |
| ***Please give us as much information as you can about the issue you are referring the young person to us for around tier anxiety, how this affecting their quality of life i.e. school attendance, friendships, relationships, family life etc.******Please include a history of their mental health as much as possible and any other referrals made or work undertaken.***Please return this referral to: ***Charlotte.tickner@fleetphoenix.co.uk*** |
| **Let’s talk about your privacy:**Fleet Phoenix would like your permission to retain your details on our Data Base. This information is held confidentially and only the right people have access to your information.We would like your consent for the following:Consent to retain your information: **Yes/No** (This is a highly secure, cloud-based Data Base).Consent to sharing information: **Yes/No** (This will only ever be done in your best interests. We never share your information for marketing purpose or with anyone that is not connected to your life/issues).**Remember……………**As an organisation we must keep your information safe and is protected by the General Data Protection Regulation (GDPR) 2016.You have the right to withdraw your consent anytime. We will keep your information all the time you have the right to our support and will contact you when you are 25 to ask if you wish us to keep information archived. You can change your mind who we can share information with at any time. If you require a copy of our Data Protection Policy, please contact the Fleet Phoenix main office - 01252 812308 or charlotte.tickner@fleetphoenix.co.ukDate:Signed (Client): |

**How I am now**

**This is to be completed by the young person and return with the referral form.**

1. On a scale of 1 – 10 (1 = not at all – 10 = effects my life massively)

How much does Anxiety affect your daily life?

1 2 3 4 5 6 7 8 9 10

1. On a scale of 1 – 10 (1 = not at all – 10 = copes well)

How able are you to cope when things go wrong?

 1 2 3 4 5 6 7 8 9 10

1. In the last 8 weeks have you thought of hurting yourself?

Yes / No

1. In the last 8 weeks have you thought of ending your life?

Yes / No

1. On a scale of 1 – 10 (1 = not at all – 10 = fully understand)

How well do you feel you understand your anxiety?

 1 2 3 4 5 6 7 8 9 10

1. On a scale of 1 – 10 (1 = not at all - 10 = very comfortable)

 How comfortable do you feel talking about your anxiety?

1 2 3 4 5 6 7 8 9 10