

CASUS REFERRAL FORM	Please email to casus@cpft.nhs.uk
----------------------------	--

Name of Young Person:	Date of Birth:
------------------------------	-----------------------

Do they consent to this referral being made? **Yes / No** *If no, please do not send the referral.*
 Instead, contact the team to have a pre-referral discussion so we can support you to obtain consent – 01480 445316

Address:	Referrer Name:		
Tel:			Organisation:
Mobile:			Role with YP:
Ethnicity:			Email address:
Nationality:	Contact Tel:		
Social Care Involvement with YP: LAC / CIN / CPP / CAF / NONE	<i>Date of Referral:</i>		

Primary carer(s) name and relationship to child	Address / contact details	Do they know of YP's drug use?	Is YP happy for us to talk to them?
Other professionals involved:	Contact Details:	Do they know of YP's drug use?	Is YP happy for us to talk to them?
Social Worker			
GP			
CAMH/YOS			
School			
Other			

Reason for referral (include substance(s) and level of use, social situation, physical and mental health concerns, motivation to change, criminal activity etc) Please attach any additional relevant documentation.

Risk Assessment (if your agency holds an up to date risk assessment, please forward with referral)

Risk To Self
(info of self harm, suicide attempts, accidental overdose etc)

Risk To Others
(info of violence/aggression to others, malicious allegation etc)

Referral Criteria

CASUS provides information, support and specialist treatment for young people under eighteen years of age, living in Cambridgeshire, to address alcohol and or drug use. Confidential information and support is also provided to the families of these young people.

Alcohol and drugs include all legal, prescribed and over the counter medication as well as illegal substances and solvents/volatile substances. It does not include tobacco – for support with tobacco use please contact the appropriate GP or visit www.smokefree.nhs.uk.

CASUS provides support and interventions to children and young people affected by another's substance use such as parents, carers, siblings, partners.

CASUS has an interest in reaching those young people that are seen as hard to engage. Our aim is to offer intensive support and treatment to vulnerable young people with complex needs. In these cases substance misuse is part of a range of significant difficulties that may include mental health, sexual health, family relationships, housing, education etc. The team actively engages in multi-agency working to promote the resolution of these difficulties.

CASUS accept self referrals, referrals from parent/carers and professionals for individual work with young people under eighteen. This type of referral will only be accepted if the young person has agreed to the referral being made.

CASUS welcomes the opportunity to discuss potential referrals prior to the completion of formal documentation. Referrals can be made using CAF or on the CASUS referral form. Referrals should be sent to CASUS by e-mail casus@cpft.nhs.uk, fax 01480 445351 or post to CASUS, Newtown Centre, Nursery Road, Huntingdon, PE29 3RJ.

CASUS will work with anyone (including young people themselves) that has a concern about a young person or people's drug and or alcohol use, living in Cambridgeshire. You can contact us by calling 01480 445316 or e-mailing casus@cpft.nhs.uk

CASUS are happy to deliver services in community settings as well as young people's homes, subject to risk assessment. Our normal working hours are Monday to Friday, 9am-5pm with out of hours appointments negotiable on an individual basis.