|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Details** | | | | | |
| Full Name |  | | | | |
| Full Address and Postcode |  | | | | |
| Contact Number (Clients number) |  | | | | |
| Age and Date of birth |  | | | | |
| Country of Birth |  | | | | |
| Ethnicity |  | | | | |
| Gender |  | | | | |
| GP Name and Surgery |  | | | | |
| **Contact Requirements please circle as appropriate:** | | | | | |
| Text Voicemail Phone call | | | | | |
| **High Risk Groups – please tick as appropriate** | | | | | |
| Do you consider the client to be in one or more of the following high risk groups? | | Black Minority Ethnic | | |  |
| Learning Difficulties or Disabilities | | |  |
| Mental health | | |  |
| Under 25 | | |  |
| Drug and Alcohol issues (current or previous) | | |  |
| Refugee/asylums seeker/unaccompanied Child/newly arrived in the UK | | |  |
| **Please give details of the above:** | | | | | |
| **Does the client display or discuss any of the following vulnerabilities – current or historic? Please tick all that apply** | | | | | |
| Grooming (please state victim or perpetrator) | |  | Exploitation (please state victim or perpetrator) | |  |
| Power imbalance in relationship | |  | Coercion | |  |
| Aggression | |  | English not the first language | |  |
| Experiencing a critical illness | |  | Any type of violence or abuse | |  |
| Self-harm | |  | No fixed address/living in a hostel | |  |
| Having nonconsensual sex | |  | Being paid for/paying for sex | |  |
| A young carer | |  | Criminal /Gang behaviour | |  |
| LGBT | |  | Involved in social care in any way | |  |
| Experienced a bereavement | |  | No positive role model or friendship group/isolated | |  |
| **Has the client undergone any assessments? If so please give details:** | |  | | | |
| **Sexual Health Information** | | | | | |
| Status of relationship (long term/casual/on-off etc) | | | |  | |
| The age of last person they had sexual contact with (please state age) | | | |  | |
| They do not feel safe – give details | | | |  | |
| How many sexual partners they have had (please state number) | | | |  | |
| **WHAT ARE YOUR SPECIFIC CONCERNS** regarding the client – this cannot be processed without completion | | | | | |
| **Risk taking behaviour – current or historic?** | | | | | |
| If yes please give details: | | | | | |
| **Clients availability (Days and times)** | | | | | |

|  |  |
| --- | --- |
| **Referrer’s Details** | |
| Name |  |
| Organisation |  |
| Contact Details |  |
| Date of referral |  |
| Did client consent to this referral |  |
| Have you discussed this referral with the client? |  |
| Have you explained your concerns to the client? |  |
| Has the client consented to the referral being made to Luton Sexual Health? |  |

**Note to professionals:**

1. Referrals will be assessed and responded to within 28 days.
2. Referring agency are responsible for identifying a suitable location for the programme to be delivered. If there is no suitable base the sessions can run from our premises in Arndale House – this needs to be a safe and confidential space within a school or other setting (Not the home of the client).
3. Please email referrals to [Andrew.trowbridge@nhs.net](mailto:Andrew.trowbridge@nhs.net)

**ACE‘s (Adverse Childhood Experience‘s) Supporting Information**

Adverse Childhood Experience’s (ACE’s) are stressful events that occur during childhood and have been found to have lifelong impacts on health and behaviour.

To help support the work we do with young people and to help understand their current personal experiences, please could you provide any relevant information under each ACE (that’s applicable) below:

|  |  |
| --- | --- |
| **Adverse Childhood Experience** | **Any information/Examples experienced** |
| Has the young person witnessed any domestic violence at home? |  |
| Has the young person experienced parental abandonment through separation or divorce? |  |
| Is the young person living with a parent with a mental health condition? |  |
| Has the young person been the victim of abuse (physical, sexual and /or emotional)? |  |
| Has the young person been the victim of neglect (physical and emotional)? |  |
| Has a member of the household been in prison? |  |
| Has the young person grown up in a household which there are adults experiencing alcohol and drug use problems? |  |

For further information about ACE’s, please access this free training via the link below:

<https://www.acesonlinelearning.com/>