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|  |
| **Date** |  |
| **Referred by (name)** |  |
| **Relationship to individual** |  |
| **Contact number** |  |
| **Email address** |  |
| **Organisation (if applicable)** |  |
| **Young person details** |
| **Full name** |  |
| **DOB** |  |
| **Gender** |  |
| **Address** |  |
| **Postcode** |  |
| **Ethnicity** |  |
| **Health Information** |
| **Does the young person have any medical conditions?** Please provide details… |  |
| **Overview of health needs:** Please provide details… |  |
| **Does the young person require medication to be taken during 10am - 4pm?** |  |
| **Does the young person have any allergies or dietary requirements that we need to be aware of?** |  |
| **Personal care needs…** |  |
| **Sensory needs…** |  |
| **Communication needs…** |  |
| **Preferred communication methods (e.g., verbal, non-verbal, visual aids, PECS)** |  |
| **Additional information** |
| **Young persons:*** **Strengths**
* **Interests**
* **Hobbies**
 |  |
| **Young persons goals and aspirations…** |  |

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| **Behaviour Risk Assessment** |
| **Does the individual display any challenging behaviour?** | Yes  | No |
| **If yes, describe the behaviour and triggers:** |  |
| **Preferred strategies for managing challenging behaviour (e.g., de-escalation, calming techniques):** |  |
| **Is there a risk of:** | **None** | **Low** | **Medium**  | **High** | **Provide a detailed explanation of the young person's vulnerability.**  |
| **Absconding** |  |  |  |  |  |
| **Self-Harm** |  |  |  |  |  |
| **Risk-taking behaviour**  |  |  |  |  |  |
| **Being bullied, including cyberbullying.** |  |  |  |  |  |
| **Substance misuse.**  |  |  |  |  |  |
| **Any other further risks:** |  |

*Send to* *admin@pathways2purpose.co.uk*