

## WELL CENTRE REFERRAL FORM



The Well Centre service is for young people aged 13-20yrs old and provides access to a GP, counsellor and youth workers three times a week. ***It should be noted that the Well Centre is not an urgent care service***, we will endeavour to see young people as soon as possible, but there may be a wait of several weeks for an appointment, especially during busy period.

### **Our Criteria:**

We are keen to ensure referrals to the Well Centre are appropriate so as to minimise any unnecessary delay or confusion in the treatment young people receive. We are happy to support a wide range of young people, however there are some exceptions.

#### ***The following referrals are not suitable for the Well Centre:***

- Young people requiring urgent care or who are a significant risk to themselves, these young people should be referred to an urgent care service such as A&E.
- Diagnoses or assessments for neuro-developmental disorders such as ASD, ADD or ADHD. These should be referred directly to your local CAMHS service.
- Young people who already have a CAMHS referral in process.
- Young people who require a tier 3 CAMHS intervention, this includes young people with significant mental health concerns (e.g. early psychosis), please refer directly to CAMHS.

### **What To Expect:**

On their first visit to the Well Centre, young people will complete our sign-up form and have a one-to-one meeting with a youth worker, followed by a consultation with one of our Doctors. As a young person led service we usually see young people for confidential support on their own but if they want a parent, carer or friend with them, this is also okay.

### **Our Counselling Service:**

For those who would benefit from counselling, we have a qualified psychiatric nurse with over twenty years' experience who is available to support tier 1 and 2 clients. ***Please note, young people will not be able to access counselling on their first visit.*** However we will discuss the option of counselling with them and if this is something they would like one of our Well Centre GP's will make an assessment to see if this is appropriate.

### **Parenting Support:**

We also have a Parenting Support service that can provide parents/carers with individually tailored support. This service is provided with the key aim of improving mental health outcomes for the young person, through helping parents/carers to improve their understanding of child development and increase their skills and confidence to raise happier and more resilient children. This service is therefore only available to the parents/carers of young people who are receiving on-going support from the Well Centre and where have assessed that parenting support maybe beneficial for the young person. The service is not a counselling service for parents/carers.

## WELL CENTRE REFERRAL FORM

Please complete and return your referral by email as a password protected Microsoft Word document, with the password WC42 and send to: [refer@thewellcentre.org](mailto:refer@thewellcentre.org)

NHS Email users can send to us securely at our NHS email address: [lamccg.thewellcentre@nhs.net](mailto:lamccg.thewellcentre@nhs.net)  
**Please note this email address is only secure for those who send from an NHS email account.**

Alternatively, send securely by post in an envelope marked "CONFIDENTIAL" to:

The Well Centre  
16 Wellfield Road  
Streatham  
SW16 2BP

Tel: 020 8473 1581  
Fax: 020 8181 4858  
Email: [refer@thewellcentre.org](mailto:refer@thewellcentre.org)  
NHS Email: [lamccg.thewellcentre@nhs.net](mailto:lamccg.thewellcentre@nhs.net)

### PLEASE PROVIDE AS MUCH INFORMATION AS YOU CAN ABOUT THE CLIENT

- Referrals should include details of any safeguarding concerns.
- Where appropriate, GP referrals should include details of recent test results to avoid the need for re-testing.

CLIENT'S DETAILS	
Is the client aware of the referral?	YES / NO
Is the parent/guardian aware of the referral?	YES / NO
First Names:	
Last Name:	
Date of Birth:	
Gender:	
School/College:	
Current Address:	
Post Code:	
Telephone:	
Mobile:	
Email:	

Client's comments on referral (views and expectations)...

Referrer's recommendations for action...

REFERRER'S DETAILS	
Referrer's Name:	
Position:	
Relation to Young Person:	
Organisation:	
Address:	
Postcode:	
Telephone:	
Mobile:	
Fax:	
Email:	

REFERRAL INFORMATION			
Reasons for referral...			
<p>We work in partnership with Gaia (<a href="http://www.refuge.org.uk/what-we-do/our-services/gaia-centre-lambeth/">www.refuge.org.uk/what-we-do/our-services/gaia-centre-lambeth/</a>). If the client is female, do you think they would benefit from seeing a worker from Gaia at The Well Centre when they attend?      YES / NO</p>			
Details of work already undertaken by referring agency...			
DETAILS OF OTHER AGENCIES INVOLVED, including present and past involvement (e.g. CAMHS)			
Agency	Contact Name	Contact Details	Current / previous involvement?

Does the young person have a history of risks towards themselves or others?	
Never <input type="checkbox"/>	Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Regularly <input type="checkbox"/>
<p>Consider any history of violence, providing more details including who the violence is directed towards (e.g. peers, adults, people in authority), including any potential triggers and any other information that you feel would be relevant for the service to know when meeting with the young person:</p>	
Date completed & sent to The Well Centre:	

WELL CENTRE STAFF USE ONLY					
Date Referral Received:				By Member of Staff:	
APPOINTMENT 1		APPOINTMENT 2		APPOINTMENT 3	
Date:		Date:		Date:	
Time:		Time:		Time:	
With:		With:		With:	
Attended:	YES / NO	Attended:	YES / NO	Attended:	YES / NO
REFERRAL NOTES / OUTCOME					
Date Referrer Notified Outcome:				By Member of Staff:	