

# To access any MYPAS service, please complete this form

*\*Please note that referrals can also be made by phoning, emailing or sending a letter*

If you are a young person please fill in boxes 1 to 4. Referrers please fill in boxes 1 to 5

<b>1. Details of Young Person</b>		
Name:	Date of Birth:	
Address:	Is it ok to contact you by? Please tick ALL that apply	
Postcode:	By Letter Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Contact	By Phone Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mobile:	By Email Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email:	Is it ok to leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>*if possible, a mobile number is preferred</i>		
<b>2. Any known Medical/Health conditions:</b>		
Prescribed medication:		
<b>3. If you can, please tell us why you are contacting MYPAS:</b>		
<b>4. If you know what service you are interested in, please tick:</b>		
Counselling <input type="checkbox"/>	Drug/Alcohol service <input type="checkbox"/>	LGBT+ Support <input type="checkbox"/>
Art Therapy <input type="checkbox"/>		
5. Name of referrer:	Name and address of agency (if appropriate)	
Contact Tel:		
Mobile:		
Is the young person aware of and consents to this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>For internal use only:</b>		
Date referral received: _____ Referral received by: _____		

