**YES Referral Form**

Important Note: The YES programme is an educational programme for young people provided by Guy’s and St Thomas’, supported by specialist Youth Workers from Oasis UK. Patient care remains the responsibility of the usual clinical team.

**Please confirm that the young person meets the criteria below:**

|  |  |
| --- | --- |
| **Eligibility Criteria** | **Please fill in details requested** |
| **Aged 14-19** | DOB: Age: |
| **Registered with a GP in south London, & registered to hospital clinic** | GP Practice Name & Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GP Practice Code (if known): \_\_\_\_\_\_\_\_\_\_\_\_Hospital of young person’s care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NHS number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Type 1 Diabetes** | Date of Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_ Pump 🞎 Injection 🞎 |
| **Speaks English to good conversational level.**  | Yes 🞎 No 🞎 |

**Consent:**

|  |  |
| --- | --- |
| Young person, or parents/carer if age under 16, has given their consent to referral to the YES team at Guy’s and St Thomas’ (GSTT) and understands their details will be shared with members of the YES team including the Oasis Youth Worker.  | Yes 🞎 No 🞎 |
| Young person, or parents/carer if age under 16, has given their consent for GSTT to contact them after the programme to enable follow up information to be collected. | Yes 🞎 No 🞎 |

**Name of Young Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian/ NOK phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Postcode:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently attending mainstream education, or attended up to age of 16?:** Yes 🞎 No 🞎

**Would the young person like to bring a friend on the programme?:**  Yes 🞎 No 🞎

**Psychosocial factors:** Please give details of anything you think may be helpful for the YES team to know.

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**Name, organisation and email address of referrer – PLEASE PRINT**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Organisation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date referred:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_