



GENORA GLOBAL FOUNDATION

Supporting Young People's Mental Health & Wellbeing

Referral Form — Age Group: 16–25

For official use — submit to: admin@genora.org.uk

SECTION 1 — REFERRING AGENCY DETAILS

Referral Date (DD/MM/YYYY)

Referrer Name

Job Title

Organisation

Telephone

Email

Preferred contact method

☐ Email ☐ Phone ☐ Other:

Urgency

☐ Standard ☐ Priority ☐ Urgent — explain:

SECTION 2 — YOUNG PERSON'S DETAILS

Full Name

Preferred Name

Date of Birth (DD/MM/YYYY)

Age

Pronouns

Gender

☐ Male ☐ Female ☐ Prefer not to say ☐ Other:

Address

Postcode

Mobile

Email

GP Name & Surgery

NHS Number

School / College / Employer

Living Situation

☐ Family ☐ Care ☐ Independent ☐ Supported ☐ Other:

SECTION 3 — EMERGENCY CONTACT

Name

Relationship

Telephone

SECTION 4 — REASON FOR REFERRAL

Main concerns & how long present

Impact on daily life (mood, sleep, education, relationships)

Support already received / tried

Young person's own views

Support requested (tick all that apply)

- | | |
|---|---|
| ☐ 1:1 mental health mentoring | ☐ Emotional wellbeing support |
| ☐ Family relationship guidance | ☐ Education / training / employment confidence |
| ☐ Linking to CAMHS / NHS specialist services | ☐ Housing & independent living prep |
| ☐ Other: <input type="text"/> | |

SECTION 5 — NEEDS & RISK INDICATORS

Please select Yes, No or Unknown for each item and add details where relevant.

Indicator	Yes	No	Unknown	Details
Low mood / depression	☐	☐	☐	
Anxiety / panic	☐	☐	☐	
Self-harm	☐	☐	☐	
Suicidal thoughts / plans	☐	☐	☐	
Substance / alcohol use	☐	☐	☐	
Risk to others	☐	☐	☐	
Eating difficulties	☐	☐	☐	
Trauma / adverse experiences	☐	☐	☐	
Current medication	☐	☐	☐	

Safeguarding concerns? ☐ Yes ☐ No

Details

SECTION 6 — CONSENT & DATA SHARING

- ☐ Young person has given consent
- ☐ Parental/carer consent obtained (where applicable)
- ☐ Agreed to share updates with referrer / GP / relevant agencies

Name of consent-giver

Date (DD/MM/YYYY)

Signature

SECTION 7 — GENORA USE ONLY

Date Received (DD/MM/YYYY)

Assigned Caseworker

Reference No. (GEN-_____)

Initial Contact Date (DD/MM/YYYY)

Outcome

- ☐ Accepted ☐ Referred elsewhere ☐ Declined — reason:

Notes