

Jigsaw service referral form

This form is ideally completed with a young person (and guardian if under 18). The referring agent is asked to **read the referral guidelines**, and advise the young person (and their guardian if under 18) that:

- Jigsaw is a **free mental health service for young people aged 12-25 years living in/attending education/working in a Jigsaw catchment area**. It is voluntary to attend.
- Jigsaw works with young people dealing with **mild-moderate mental health concerns**.
- Jigsaw provides up to **eight therapeutic sessions**, and is **not a crisis service**.

1. Young person's details

Name

Preferred name

Contact number

Date of birth

/ /

What gender does the young person identify with?

Address

2. Parent/Guardian (under 18) or Next of Kin (over 18) details

Name

Contact number

Address

3. Consent and engagement details

If under 18, has the parent/guardian consented to referral? Yes

No

If over 18, has the young person consented to referral? Yes

No

If under 18, has the young person shown a willingness to engage with Jigsaw?

Yes

No

4. GP details

Name

Contact number

Address

Reason for referral

If the young person is engaging with (including current referrals), or has engaged with other services in the past (e.g. Primary Care Psychology, TÚSLA, Child and Adolescent Mental Health Service, Adult Mental Health Service, Pieta House, etc.). **Please provide brief details.**

If you are aware of any current or past risk issues, (e.g. self-harm, physical aggression, suicidal thoughts). **Please provide details.**

5. Access details

Is an interpreter required for the young person/next of kin? Yes No

If yes, please state language preference/requirement:

Please specify details if the young person/next of kin have any accessibility needs?

3. Referrer agency details

Date of referral / / **Referrer organisation**

Contact name **Contact number**

Email

Address

Referrer signature

Date / /

Please print and post this referral form.