

Parent Referral Form

Therapeutic Yoga

Thank you for your interest in referring to **Mindful Movers**, our **Therapeutic Yoga Group** with the **Brandon Centre**. This project is generously funded by the London Marathon Foundation's Active Spaces Fund. This is a six-week, group-based therapeutic yoga programme, led by a qualified Yoga Teacher and supervised by a Clinical Psychologist. Its aim is to help young people who are currently underactive improve their physical and mental wellbeing.

Please complete this form, giving as much information as you can, and email the form to **yoga@brandoncentre.org.uk**

Once we have received your form, it is possible that someone from Brandon Centre may call you or the young person asking for more information about your referral. This is so that we have the necessary information to make sure that the young person is provided with the right kind of support. Please ensure you update us if the young person's contact details change as we will send emails, texts and (in some cases) letters confirming session dates and times.

Therapeutic yoga draws on yoga therapy principles by joining psychological therapy models with activity to integrate the mind and body through movement, breath, meditation, and other regulatory practices. The physical benefits include increased flexibility, increased muscle strength and tone, weight reduction, improved respiration, increased energy and vitality and improved physical performance. The mental wellbeing benefits include increased mindful awareness and compassion, stress relief, improved sleep and the promotion of nervous system and emotion regulation.

This service is only available to young people aged 16-24, who either reside or have a registered GP in the boroughs of Camden or Islington:

Please tick the appropriate box below:

Camden Islington

Need help immediately?

Please note that we are not an emergency service. If you need urgent support please contact your GP, or go to the nearest hospital A&E.

If you are under 18, you can call **Childline any time 24/7 on 0800 1111**; or you can call the **NCL Under 18s mental health crisis line on 0800 151 0023**.

If you are over 18, you can call the **24-hour Crisis Line on 020 3317 6333**.

Young Person's Details

Referral Date: DD / MM / YYYY

First Name		Surname	
Date of Birth		Age	
Gender		Ethnicity	<i>Categories on final page</i>
Telephone number		Sexuality	<i>Categories on final page</i>
Email address			
Borough			
Home Address			
Postcode			
Consent to send letters?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Preferred contact method			
School/College/University			
GP name & practice:			
Address:			
Telephone:			
Has the young person given consent to contact GP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Referrer Information

REFERRED BY	Your Name (parent/carer)		Telephone	
	Email		Address	
Is the young person aware of this referral?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Clinical Information

Why are you referring this young person to therapeutic yoga at Brandon Centre?

How would you describe the young person's current physical health (e.g. average activity level, aches or pains, any other health concerns, etc.)?

How would you describe the young person's current mental health (e.g. their mood, sleep, eating, motivation, etc.)?

Has the young person had therapy/counselling/social service involvement in the past?

Has the young person ever been to a yoga class before? If so, how did they find it?

Is there anything else you think is important for us to know about in relation to their care (e.g. disabilities, medical problems, problems travelling to certain areas, etc.)?

Clinical Information

Many people who are feeling distressed, down or stressed have thoughts or urges to hurt themselves.

Is the young person currently experiencing thoughts of ending their life? Yes No

If yes, do you feel the young person can be kept safe? Yes No

If you do not feel that they can keep themselves safe and need urgent support please contact their GP, or go to the nearest hospital A&E. If they are under 18, they can call **Childline** any time 24/7 on **0800 1111**; or if they are over the age of 18, they can call the 24 hour **Crisis Line** on **020 3317 6333**

If the young person has experienced thoughts of suicide in the past, or attempted to take their own life, please provide details below, including services accessed:

Has the young person ever experienced thoughts of self-harm?

Yes, currently Yes, in the past No, never

Has the young person ever acted on thoughts of self-harm?

Yes, currently Yes, in the past No, never

If the young person has deliberately harmed themselves in the past, please provide details below, including services accessed:

Is there a concern about drug or alcohol use? Yes No

If yes, please tell us a bit more about this concern:

Please ask the young person to complete the General Practice Physical Activity Questionnaire as well as the Short Warwick Edinburgh Wellbeing Scale (the last 2 pages of this form). This is required to successfully screen their referral.

Young person's ethnic group (*Please choose one of the following*):

<p>Any other ethnic group <input type="checkbox"/></p> <p>Please state:</p> <p>Prefer not to say <input type="checkbox"/></p> <p>Unknown <input type="checkbox"/></p>	<p>White</p> <p>White British <input type="checkbox"/></p> <p>White Irish <input type="checkbox"/></p> <p>Any other White background <input type="checkbox"/></p>	<p>Mixed</p> <p>White & Black Caribbean <input type="checkbox"/></p> <p>White & Black African <input type="checkbox"/></p> <p>White & Asian <input type="checkbox"/></p> <p>Any other mixed background <input type="checkbox"/></p>
<p>Asian/Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p>	<p>Black/Black British</p> <p>Black Caribbean <input type="checkbox"/></p> <p>Black African <input type="checkbox"/></p> <p>Black British <input type="checkbox"/></p> <p>Any other Black background <input type="checkbox"/></p>	<p>Chinese or other</p> <p>Chinese <input type="checkbox"/></p> <p>Middle Eastern <input type="checkbox"/></p>

Young person's sexuality (*Please choose one of the following*):

<p>Heterosexual/Straight <input type="checkbox"/></p> <p>Gay/Lesbian <input type="checkbox"/></p> <p>Bisexual <input type="checkbox"/></p> <p>Other:</p> <p>Prefer not to say <input type="checkbox"/></p>
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General Practice Physical Activity Questionnaire:

1. Please tell us the type and amount of physical activity involved in your work.

		Please mark one box only
a	I am not in employment (e.g. student, not in work for health reasons, full-time carer, etc.)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
e	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

2. During the last week, how many hours did you spend on each of the following activities?

Please mark one box only on each row

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work/school and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/childcare				
e	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

- Slow pace (i.e. less than 3 mph)
- Steady average pace
- Brisk pace
- Fast pace (i.e. over 4 mph)

Short Warwick Edinburgh Wellbeing Scale:

Below are statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					