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| **Recovery Near You Single Point of Contact Referral Form** **0300 200 2400** | | | | | | | | |
| **Referral to service: Adult Alcohol**  **Adult Drug**  **Young People** | | | | | | | **Referral Date:** | |
| Patient Details | | | | Referrer Details | | | | | |
| Mr/Mrs/Miss/Ms | | | | **Referrer Agency:** | | | | | |
| Name: | | | | **Referrer Name: Referrer Role:** | | | | | |
| Address: **Post Code:** | | | | **Referrer Address:**  **Post Code:** | | | | | |
| Preferred Tel Number: | | | | **Referrer Tel No: Fax No:** | | | | | |
| DOB: | Sex: M  F | | | **Referrer e-mail:** | | | | | |
| **Patient consent to referral :** **Y N:**  **Patient consent be contacted via: (please tick)**  **Telephone/mobile:  Post:  Email:  Referrer:** | | | | **GP Name & Surgery (if known):**  **Practice Tel No (if known):** | | | | | |
| Ethnicity:Religion: | | | | **Details of any prescribed medication and dosage:** | | | | | |
| Occupation:Full Time Y  N Do they drive: Y N | | JSA/ ESA/Universal Credit/ other: | | **Details of hearing, visual, physical/ mental health difficulties** | | | | | |
| **Is patient motivated? Y**  **N** | | | |  | | | | | |
| **Interpreter required?**   Please state language, incl. sign language: | | | | | | | | | |
| **Social History: Carer with dependents Y  N No. children under 18 living with patient** | | | | | | | | | |
| **Any other agencies involved?** | | | | |  | | | | |
|  | | | | | | | | | |
| **Reason for Referral** | | | | | | | | | |
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| **(Adults) Audit Score** | | | **Alcohol units weekly**  **Drug amount used weekly (£/weight)** | | | | | **No. of Hospital Admissions in last 12 months** | |
| **Substance Type:**  **Alcohol**  **Amphetamine**  **Benzodiazepines**  **Cannabis**  **Cocaine**  **Crack**  **Ecstasy**  **Heroin**  **Ketamine**  **Methadone**  **NPS**  **Subutex/Buprenorphine**  **Solvents**  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Pattern of misuse in last 28 days:**  **Daily**  **2-6 x weekly**  **Fortnightly**  **Not in last month**  **Smoke**  **Oral**  **Inject**  **Sniff**  **Other** | | | **Social Circumstance:**  **NFA**  **Living with others**  **Lives alone**  **Support at home** | | **Risk Assessment:**  Currently Injecting?  Severe Mental Health Problems  Suicide/Self Harm Risk  Present  Violence/ Aggression  Safeguarding/Vulnerable  Risk Details: | |
|  | | | | | | | | | |
|  | | | | | | | | |
| **Email:** [**bsmhft.recoverynearyou@nhs.net**](mailto:bsmhft.recoverynearyou@nhs.net) **(secure email) Fax: 01902 504011**  **Post: Recovery Near You, 5-9 Pitt Street, Wolverhampton, WV3 0NF** | | | | | | | | |
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