



Newham Rise



Make a referral to Newham Rise (Drug and Alcohol Service)			
Email this form to Newham Drug and Alcohol Service at: newham.referrals@cgl.org.uk Or fax it to: 3 Beckton Road: 0207 511 6997 or 327 High St: 0208 534 1055 If you need to speak to someone before sending your referral ring: 0800 652 3879			
Details of referring service		Details of received referral <i>(Office use)</i>	
Service		Date referral received	
Assessor's name		Newham Drug and Alcohol Service hub	
Designation or job role		Name of worker processing referral	
Telephone number		Referral outcome	
Email			
Date referral sent			
Service user details			
First name(s)		Address	
Last name			
Date of birth		Age	Postcode
Gender (please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other <input type="checkbox"/>
NHS number (if known)			
Ethnicity		Borough of residence	
Contact telephone number(s) Home		Mobile	
Does the service user require any communication support? eg language interpreter or sign language communication			
			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify			
General Practitioner (GP) details			
Please tick from following:			
Registered with a GP <input type="checkbox"/>		Not registered with a GP <input type="checkbox"/>	
		Unable to register with a GP <input type="checkbox"/>	
GP name		Surgery name	

Address		
Contact number	Newham GP Yes <input type="checkbox"/> No <input type="checkbox"/>	
Identification of current drug and alcohol use <i>(If information known)</i>		
What substance(s) is the service user currently using?		
<p>For those substances which have been identified, please give brief information on:</p> <ul style="list-style-type: none"> - Amount and frequency of use - How long the use of this substance(s) has been a problem for the service user 		
Alcohol Audit score <i>(If information known)</i>	<input type="text"/>	
SADQ score <i>(If information known)</i>	<input type="text"/>	
Identification of support issues and risk factors		
Injecting drug user <input type="checkbox"/>	Current self-harm/suicide <input type="checkbox"/>	A parent / primary carer to child(ren) under 18 <input type="checkbox"/>
Pregnant <input type="checkbox"/>	At risk of harm from others (violence/DV) <input type="checkbox"/>	Lives with child(ren) under 18 <input type="checkbox"/>
Physical illness <input type="checkbox"/>	A risk of harm to others (violence/DV) <input type="checkbox"/>	Social services contact <input type="checkbox"/>
Mental health problems <input type="checkbox"/>	Offending / Criminal Justice <input type="checkbox"/>	Homeless <input type="checkbox"/>
Disability <input type="checkbox"/>	Other <input type="checkbox"/>	
Client Consent		
Does the service user give their consent for being referred to Newham Drug and Alcohol Service	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can services write to the service user at the given address?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can services leave messages on the numbers that have been given?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no to the above, how can services arrange to contact the service user?		
I give my consent to share the information that has been given on this form with Newham Drug and Alcohol Service in order to access their service		
Signature	Date	