Norfolk Alcohol and drugs behaviour change service Referral Form.

Please send a referral to :

Norfolk.referrals@cgl.cjsm.net alternatively call

Tel: 01603 514096

REFERRAL TYPE

Prison Referral	DRR Referral	ATR referral	Court Referral	Conditional Caution	PPO/ Testing on Licence	Required Assessment/ Follow up	Children's Services	Self Referral	GP	Social Services	Alcohol Services
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Other (please specify) _____Date of sentence and court _____

SERVICE USER INFORMATION

Client Name		DOB	
Address		Telephone	
GP Name & Address		GP Tel. No.	

DIVERSITY MONITORING

Ethnic Origin

White - British	White - Irish	White - Other	Mixed -White and Black Caribbean	Mixed – White and Black African	Mixed – White and Asian	Mixed - Other	Asian or Asian British - Indian	Asian or Asian British - Pakistani	Asian or Asian British - Banglades hi	Asian or Asian British - Other	Black or Black British - Caribbean	Black or Black British - African	Black or Black British - Other	Chinese or other ethnic group - Chinese	Chinese or other ethnic group – Other	Not Stated
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Religion

No religion	Christian	Catholic	Buddhist	Hindu	Jewish	Muslim	Sikh	Atheist/ agnostic	Any other religion	Not stated
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Previously treated

Yes ☐ No ☐

REFERRAL INFORMATION

Problematic Alcohol use (**including AUDIT score**)	
Problematic drug use (including OTC)	

REFERRAL SOURCE INFORMATION

Referrer's Name		Telephone	
Organisation		Fax	
Address		Email	

PRIORTY/RISK MANAGEMENT

Mental Health	Yes ☐ No ☐	Housing/Homeless	Yes ☐ No ☐
Child Protection / Children's Services	Yes ☐ No ☐	Domestic Violence	Yes ☐ No ☐
Pregnant	Yes ☐ No ☐	Vulnerable Adult/Safeguarding	Yes ☐ No ☐
IV User	Yes ☐ No ☐	Sex Worker	Yes ☐ No ☐
Children under age of 5	Yes ☐ No ☐ Ages	Client consent for CGL to contact	Yes ☐ No ☐

ANY OTHER INFORMATION (PLEASE INDICATE ANY KNOWN RISKS)

For CGL use only

Date referral received			
Date of assessment appointment		Time of assessment appointment	
Assessment Worker		Office	