Welcome to change, grow, live

Referral Form

Are you completing this for referral for yourself? ☐ Yes ☐ No
Have you ever received support from this service before? ☐ Yes ☐ No

What would you like to achieve by engaging with us?	Date of referral:

How did you hear about the service?

☐A&E advertisement	☐Leaflet, flyer, poster, business card	☐Prison
☐CGL website	☐Medical professional	☐Radio
☐Directory	☐News article	☐Social media
☐Employment service	☐Online search	☐Social services
☐Event	☐Partner agency	☐Staff member
☐Family member or friend	☐Police/probation/court referral	

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other:	First name: Surname:	D.O.B: Age:

Address and Postcode	Telephone number:
	Mobile number:
	NHS Number:

Email address:

Gender:	**Relationship:**	**Sexual Orientation:**
What gender do you currently identify as? ☐ Male ☐ Female ☐ Prefer not to say If you prefer to use your own term please provide it here:	☐ Single ☐ With a partner ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Civil Partnership ☐ If you prefer to use your own term please provide it here:	☐ Gay Women/Lesbian ☐ Gay Man ☐ Bisexual ☐ Heterosexual ☐ Unsure ☐ Prefer not to say If you prefer to use your own term please provide it here:

Nationality: *(based on top 10 nationalities as identified by ONS)*

☐ British	☐ Romanian	☐ Lithuanian
☐ Polish	☐ Portuguese	☐ French
☐ Indian	☐ Italian	☐ American
☐ Irish	☐ Pakistani	☐ If other please provide details:

Ethnic Origin:		
☐ White British	☐ White & Asian	☐ Black/Black British Caribbean
☐ White Irish	☐ Asian/Asian British Indian	☐ Black/Black British African
☐ Other White	☐ Asian/Asian British Pakistani	☐ Other – Chinese
☐ White & Black	☐ Asian/Asian British Bangladeshi	☐ Traveller/Gypsy
☐ Caribbean	☐ Asian/Asian British Other	☐ Other
☐ White & Black African	☐ Other Mixed	If other please provide details:

Religion:			
☐ Baha'i	☐ Hindu	☐ Pagan	☐ None
☐ Buddhist	☐ Jain	☐ Sikh	☐ Prefers not to say
☐ Christian	☐ Jewish	☐ Zoroastrian	☐ Unknown
	☐ Muslim	☐ Other	

Language:
Do you require an interpreter? ☐ Yes ☐ No
Do you require support through a British Sign Language Interpreter? ☐ Yes ☐ No

Disability:
Do you consider yourself to have a disability? ☐ Yes ☐ No If yes please provide details:

Employment Status:		**Accommodation Status:**
☐ Regular employment	☐ Long term illness	☐ Problem with Housing
☐ Student	☐ Ex Armed Services	☐ No housing problem
☐ Unpaid work (voluntary)	☐ Current Armed Services	☐ Homeless
☐ Homemaker	☐ Unemployed (receiving no benefits)	Please provide details:
☐ Retired	☐ Unemployed (seeking work)	
	☐ Other	

Time since last paid employment:

☐ Less than 1 year	☐ 2- 3 years	☐ Currently employed	☐ Prefer not to say
☐ 1 – 2 years	☐ 3+ years	☐ Never employed	

Smoking Status:	Currently pregnant: ☐ Yes ☐ No ☐ Unsure
☐ Current ☐ Previous ☐ Never	Partner currently pregnant: ☐ Yes ☐ No ☐ Unsure

Next of Kin: (we will only contact this person in a case of an emergency)

Do you consent to us sharing information with this person? ☐ Yes ☐ No

Drug and/or Alcohol Use

Main substance of choice: Age First Used:

How do you use: ☐Inject ☐Sniff ☐Smoke ☐Oral ☐Other

How often do you use?

How much do you use?

How much do you spend a week on this substance?

Second substance of choice: Age First Used:

How do you use: ☐Inject ☐Sniff ☐Smoke ☐Oral ☐Other

How often do you use?

How much do you use?

How much do you spend a week on this substance?

Third substance of choice: Age First Used:

How do you use: ☐Inject ☐Sniff ☐Smoke ☐Oral ☐Other

How often do you use?

How much do you use?

How much do you spend a week on this substance?

Do you use Novel Psychoactive Substances (Legal/Illegal Highs) ☐ Yes ☐ No ☐ Previously If yes please list:	Do you use any volatile substances? (Gas, Glue, Aerosols) ☐ Yes ☐ No ☐ Previously If yes please list:
Do you use Steroids or any other image/performance enhancing drugs? ☐ Yes ☐ No ☐ Previously If yes please list:	Do you use any over the counter medications (such as Co-codamol, Paracetamol)? ☐ Yes ☐ No ☐ Previously If yes please list:

Injecting:

Have you ever injected drugs: ☐ Never injected ☐ Previously injected ☐ Currently inject

If you have previously injected drugs:

At what age did you first inject?

Have you injected in the last 28 days? ☐ Yes ☐ No

Have you ever shared injecting equipment? ☐ Yes ☐ No

Have you shared injecting equipment in last 28 days? ☐ Yes ☐ No

Have you ever allowed someone else to inject you? ☐ Yes ☐ No

Criminal Justice:

Are you currently working with Criminal Justice Services (e.g. Police, National Probation Service, Community Rehabilitation Companies, Prisons)?

☐ Yes ☐ No **If no please go to next section 'Referrer details.'**

If yes, what prompted the contact?

☐ Required Assessment Imposed Following Positive Drug Test
☐ Conditional Cautioning
☐ Pre-Sentence Report
☐ Required by Offender Management Scheme
☐ DRR/ATR
☐ Restriction On Bail
☐ Voluntary – Following Release From Prison
☐ Voluntary – Following Cell Sweep
☐ Voluntary – Other
☐ Following Referral by Treatment Provider (Post Treatment)
☐ Rehabilitation Activity Requirement (RAR)
☐ Integrated Offender Management (IOM)
☐ Multi-agency Public Protection Arrangements (MAPPA)
☐ Other

What is offence and date of the offence that prompted your contact with criminal justice services?

If you have recently been released from prison, what date were you released and from which prison?

If you are completing this form for yourself you don't need to do this section:

Referrer details:

Name and job title:

Agency:

Preferred means of contact:

Does the person know you are referring them? ☐ Yes ☐ No

Do they want to be referred? ☐ Yes ☐ No

Would you like feedback on the outcome of this referral? ☐ Yes ☐ No