# Welcome to change, grow, live

## Referral Form

| | | |
|---|---|---|
| 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<br>☐ Mrs<br>☐ Miss<br>☐ Ms<br>Other: | First name: | D.O.B: |
| | Surname: | Age: |

| | |
|---|---|
| Address and Postcode | Telephone number: |
| | Mobile number: |

Email address:

NHS Number:

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

| | | |
|---|---|---|
| **Nationality:**<br>☐ British<br>☐ Indian<br>☐ Pakistani<br>☐ Irish | ☐ Jamaican<br>☐ Polish<br>☐ French<br>☐ Bangladeshi<br>☐ Latvian | ☐ Lithuanian<br>☐ Russian<br>☐ German<br>☐ Other<br>If other please provide details: |
| **Ethnic Origin:**<br>☐ White British<br>☐ White Irish<br>☐ Other White<br>☐ White & Black<br>☐ Caribbean<br>☐ White & Black African | ☐ White & Asian<br>☐ Asian/Asian British Indian<br>☐ Asian/Asian British Pakistani<br>☐ Asian/Asian British Bangladeshi ☐<br>Asian/Asian British Other<br>☐ Other Mixed<br>☐ Black/Black British Caribbean | ☐ Black/Black British African<br>☐ Other – Chinese<br>☐ Traveller/Gypsy<br>☐ Other<br>If other please provide details: |

| | | | |
|---|---|---|---|
| **Religion:**<br>☐ Baha'i<br>☐ Buddhist<br>☐ Christian<br>☐ Hindu<br>☐ Jain<br>☐ Jewish<br>☐ Muslim | ☐ Pagan<br>☐ Sikh<br>☐ Zoroastrian<br>☐ Other<br>☐ None<br>☐ Prefers not to say<br>☐ Unknown | **Language:**<br>Do you require an interpreter?<br>☐ Yes<br>☐ No<br>Do you require support through a British Sign Language Interpreter?<br>☐ Yes<br>☐ No | |

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

**Employment Status:**

☐ Regular employment
☐ Student
☐ Unpaid work (voluntary)
☐ Homemaker
☐ Retired
☐ Long term illness
☐ Ex Armed Services
☐ Unemployed (receiving no benefits)
☐ Unemployed (seeking work)
☐ Other

**Accommodation Status:**

☐ Problem with Housing
☐ No housing problem
☐ Homeless
Please provide details:

**Smoking Status:**
☐ Current ☐ Previous ☐ Never

Currently pregnant: ☐ Yes ☐ No ☐ Unsure
Partner currently pregnant: ☐ Yes ☐ No ☐ Unsure

Next of Kin: (we will only contact his 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?

**Alcohol Use:**
Do you drink alcohol?
☐ Yes
☐ No
☐ Previously

If yes how often do you drink alcohol?
☐ Daily
☐ Weekly
☐ Monthly
☐ Less than monthly

At what age did you first drink alcohol?

When was the last time you had a drink of alcohol?

| | |
|---|---|
| Do you use Novel Psychoactive Substances (Legal/Illegal Highs)<br>☐ Yes<br>☐ No<br>☐ Previously<br>If yes please list: | Do you use any volatile substances? (Gas, Glue, Aerosols)<br>☐ Yes<br>☐ No<br>☐ Previously<br>If yes please list: |
| Do you use Steroids or any other image/performance enhancing drugs?<br>☐ Yes<br>☐ No<br>☐ Previously<br>If yes please list: | Do you use any over the counter medications (such as Co-codamol, Paracetamol)?<br>☐ Yes<br>☐ No<br>☐ Previously<br>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, probation, prisons)?**
☐ No **If no please go to next section**
☐ Yes

**If yes, what prompted the contact?**

☐ Required Assessment Imposed Following Positive Test
☐ Conditional Cautioning
☐ Required by Offender Management Scheme/DRR/ATR
☐ Voluntary – Following Cell Sweep
☐ Following Referral by Treatment Provider (Post Treatment)
☐ Rehabilitation Activity Requirement (RAR)
☐ Restriction On Bail
☐ Pre-Sentence Report
☐ Voluntary – Following Release From Prison
☐ Voluntary – Other
☐ Requested By Offender Manager
☐ Other

**What is the date of the event that prompted your contact with criminal justice services?**

**What is the offence?**

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

**Offender Management Schemes / Orders:**

☐ Integrated Offender Management (IOM)
☐ Prolific and Priority Offender (PPO)
☐ Restriction on Bail (ROB)
☐ Required Activity (RA)
☐ Multi-agency Public Protection Arrangements (MAPPA)

**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:
Is the person you are referring motivated to engage in this service? ☐ Yes ☐ No
Please comment:

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