Referral Form for Support with Alcohol and/or Drugs

For residents of the boroughs of
Hammersmith & Fulham, **Kensington and Chelsea** and **Westminster**

If the main reason for this referral is **Alcohol** please send this form to:	If the main reason for this referral is **Drugs** or if you are referring from a **criminal justice** setting please send this form to:
The Alcohol Service: **E:** thealcoholservice.info@cgl.org.uk **T:** 0800 014 7440 **F:** 020 7760 6464 **Post:** 2-4 Old Queen St, London, SW1H 9HP	**Drug & Alcohol Wellbeing Service (DAWS)**: **E:** daws@turning-point.co.uk **T:** 0330 303 8080 **F:** 020 7287 1274 **Post:** 32a Wardour St. London W1D 6QR

In order to provide you with the best treatment package, referral information will be shared between the local alcohol and substance misuse service. This is to ensure your needs are met within the most appropriate service. By agreeing to this referral, basic referral information may be exchanged between these two services. If you have any concerns, or would like to discuss your needs further please contact the services on the numbers above.

Client Details

Title: ☐Mr ☐Mrs ☐Miss ☐Ms ☐Other:	**Name:**		**Referral Date:** **D.o.B:**	
Address: **Post Code:**	**Borough of Residence:**	☐ Hammersmith & Fulham	☐ Kensington and Chelsea	☐ Westminster
	Telephone:		**Mobile:**	
	Email:			
	Accommodation Status:	☐ No Housing Problems	☐ Housing problems	☐ Homeless/NFA
Contact: How would you prefer to be contacted by the service?	☐ Landline ☐ Mobile ☐ Letter ☐ e-mail ☐ Other *(please specify)*:			
Please state if you **do not** want the service to contact you in any of the following ways?	☐ Landline ☐ Mobile ☐ Letter ☐ e-mail ☐ Other *(please specify)*:			
Gender: What gender do you currently identify as?	☐ Male ☐ Female ☐ Transgender ☐ Other			
Sexuality:	☐ Heterosexual ☐ Gay/Lesbian ☐ Bisexual ☐ Other			
Relationship Status:	☐ Single ☐ With a partner ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Civil Partnership ☐ Other *(please provide details)*:			
Children: Are you living with or parent of any children under 18?	☐ Yes ☐ No			

Ethnic Origin:	***White:***	***Mixed:***	***Asian or Asian British:***	***Black/African/Caribbean/Black British***
	☐ British/ English/ Welsh/ Scottish ☐ Irish ☐ Gypsy/Irish Traveller ☐ Any Other White Background	☐ White & Black ☐ White & Black African ☐ White and Asian ☐ Any Other Mixed Background	☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any Other Asian Background	☐ Black African ☐ Black Caribbean ☐ Any Other Black Background ***Other Ethnic Group*** ☐ Arab ☐ Any Other Ethnic Background *(please specify)*:

Nationality:

Language: What Is Your First Language *(please specify)*:
Do you require an interpreter? ☐ Yes ☐ No (*If Yes, please specify language)*:
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)*:
Access:	Do you have any access needs? *(If yes please provide details)*:

GP: Are you registered with a GP? ☐ Yes ☐ No *(If Yes, please give GP's name/address/phone number)*:

Does the client give consent for us to share information with the GP? ☐ Yes ☐ No

Is this referral a result of a recent health check? ☐ Yes ☐ No

Referrer details: *(If you are completing this form for yourself you don't need to fill in this section)*

Name:	Agency:
Referral Agency Address:	Telephone: Fax: E-mail:
Is the client aware of the referral? ☐ Yes ☐ No	Would you like feedback on the outcome of this referral? ☐ Yes ☐ No
Can we use your premises to conduct appointments with this client? ☐ Yes ☐ No	How did you hear about the Service?

Alcohol Use:

	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
How many units of alcohol do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
On a single occasion, how often have you had: • 6 or more units if you are female? • 8 or more units if you are male?	Never	Less Than Monthly	Monthly	Weekly	Daily or Almost Daily	
NB: A total Score of 5+ indicates increasing/higher risk drinking			YOUR TOTAL SCORE:			

This is one unit:

Half pint of regular beer, lager or cider

1 very small glass of wine (75ml)

1 single measure of spirits

1 small glass of sherry

1 single measure of aperitifs

And each of these is more than one unit:

2 — A pint of regular beer, lager or cider

3 — A pint of "strong"/ "premium" beer, lager or cider

1.5 — Alcopop or a 275ml bottle of regular lager

2 — 440ml can of "regular" lager or cider

4 — 440ml can of "super strength" lager

2 — 250ml glass of wine (12%)

9 — Bottle of wine or White Cider

Drug Use:

Please specify what drugs are used:	Quantity and Frequency of use

What would you like to get from this service?

Please list any medications and reason for taking them?

How long has drinking and/or drug use been a problem (weeks/months/years)?

Risk and vulnerabilities:

Are there any risks that we should be aware of? ☐ **Yes** ☐ **No**

If Yes please provide details (e.g. alcohol/substance related, mental health, suicide/self-harm, risks from others, child safeguarding):

For referring agencies, please provide a current risk assessment: ☐ Attached ☐ Not attached

Please send the completed referral form to one of the following agencies (full contact details are at the top of this form):

If the main issue is with **alcohol** please send to: thealcoholservice.info@cgl.org.uk	If the main issue is with **drugs** or if you are referring from a **criminal justice** setting please send to: daws@turning-point.co.uk