|  |
| --- |
|  |

|  |
| --- |
| **ReferrAL TYPE** |
| PrisonReferral | DRR Referral | ATR referral | Court Referral | ConditionalCaution | 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 - Ir 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 - Bangladeshi | 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 | Previously treated  |
| No religion |  Christian |  Catholic |  Buddhist |  Hindu | Jewish | Muslim |  Sikh | Atheist/ agnostic | Any other religion | Not stated |  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 □ Children’s Ages................... | Client consent for CGL to contact | Yes □ No □ |
| **Any other information (Please indicate any known risks)** |