**Welcome to CHART Kirklees**

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| **Self-Referral Form**  |
| Are you completing this for yourself? 🞏 Yes 🞏 NoHave 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🞏CGL website🞏Directory🞏Employment service 🞏Event🞏Family member or friend  | 🞏Leaflet, flyer, poster, business card🞏Medical professional 🞏News article🞏Online search🞏Partner agency 🞏Police/probation/court referral | 🞏Prison🞏Radio🞏Social media 🞏Social services 🞏Staff member |
| 🞏 Mr🞏 Mrs 🞏 Miss🞏 Ms Other: | First name: | D.O.B: |
| Surname: | Age: |
| Address and Postcode | Telephone number: |
| Mobile number: |
| NHS Number: |
| Email address: |
| **Gender:**What gender do you currently identify as? 🞏 Male 🞏 Female🞏 Prefer not to sayIf you prefer to use your own term please provide it here:  | **Relationship:**🞏 Single 🞏 With a partner 🞏 Married 🞏 Separated 🞏 Widowed 🞏 Divorced 🞏 Civil Partnership 🞏 If you prefer to use your own term please provide it here:  | **Sexual Orientation:**🞏 Gay Women/Lesbian 🞏 Gay Man🞏 Bisexual 🞏 Heterosexual🞏 Unsure🞏 Prefer not to sayIf you prefer to use your own term please provide it here:  |
| **Nationality:** *(based on top 10 nationalities as identified by ONS)* |
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| 🞏 British 🞏 Polish🞏 Indian 🞏 Irish  |

 | 🞏 Romanian 🞏 Portuguese 🞏 Italian 🞏 Pakistani  | 🞏 Lithuanian 🞏 French 🞏 American 🞏 If other please provide details: |
| **Ethnic Origin:**🞏 White British 🞏 White Irish 🞏 Other White 🞏 White & Black 🞏 Caribbean 🞏 White & Black African  | 🞏 White & Asian 🞏 Asian/Asian British Indian 🞏 Asian/Asian British Pakistani 🞏 Asian/Asian British Bangladeshi 🞏 Asian/Asian British Other 🞏 Other Mixed  | 🞏 Black/Black British Caribbean🞏 Black/Black British African🞏 Other – Chinese 🞏 Traveller/Gypsy 🞏 Other If other please provide details: |
| **Religion:** 🞏 Baha’i 🞏 Buddhist 🞏 Christian | 🞏 Hindu 🞏 Jain 🞏 Jewish🞏 Muslim  | 🞏 Pagan🞏 Sikh 🞏 Zoroastrian 🞏 Other  | 🞏 None🞏 Prefers not to say🞏 Unknown |

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| **Language:**Do you require an interpreter? 🞏 Yes 🞏 NoDo 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:**🞏 Regular employment 🞏 Student 🞏 Unpaid work (voluntary) 🞏 Homemaker 🞏 Retired  | 🞏 Long term illness 🞏 Ex Armed Services 🞏 Current Armed Services 🞏 Unemployed (receiving no benefits) 🞏 Unemployed (seeking work)🞏 Other  | **Accommodation Status:**🞏 Problem with Housing🞏 No housing problem🞏 HomelessPlease provide details: |
| **Time since last paid employment:**🞏 Less than 1 year 🞏 1 – 2 years  | 🞏 2- 3 years 🞏 Currently employed 🞏 Prefer not to say 🞏 3+ years 🞏 Never employed  |
| **Smoking Status:**🞏 Current 🞏 Previous 🞏 Never  | Currently pregnant: 🞏 Yes 🞏 No 🞏 Unsure Partner currently pregnant: 🞏 Yes 🞏 No 🞏 Unsure  |
| Do you currently provide care in a paid or voluntary capacity for anyone else? 🞏 Yes 🞏 NoAre you currently worried about your safety or the safety of someone you know? 🞏 Yes 🞏 NoIf you answered yes to either of the above questions please provide further details below:  |
| 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 |

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| **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 🞏 PreviouslyIf 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 🞏 PreviouslyIf yes please list: | Do you use any over the counter medications (such as Co-codamol, Paracetamol)? 🞏 Yes 🞏 No 🞏 PreviouslyIf 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 🞏 NoHave you ever shared injecting equipment? 🞏 Yes 🞏 NoHave you shared injecting equipment in last 28 days? 🞏 Yes 🞏 NoHave you ever allowed someone else to inject you? 🞏 Yes 🞏 No |

Please send this form to us by email at Kirklees.Referrals@cgl.org.uk and a member of our team will be in touch.

You can always call us on 01484 353333 (Huddersfield) or 01924 438383 (Dewsbury) during our opening hours if you have any questions or need urgent support.