**RISE Self-Referral Form**

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| **Name of person completing form:** | | | | | | | | | **Date:** |
| **Welcome to RISE:** | | | | | | | | | |
| **Consent**  CGL are bound by laws, regulations and organisational values which inform how we use any information about you. To ensure that we can offer and remind you of appointments with CGL, we require permission to contact you and also your preferences for how you would like to be contacted.  Please tick here if you have been made aware and consent to CGL contacting you ☐  Please tick all that apply for your preferred contact methods:  ☐ phone call ☐ voicemail ☐ text ☐email ☐ letter  CGL will keep your information confidential within the service provision you are accessing - unless you give us permission to share information. The only time we may breach your confidentiality without consent is if we are concerned that someone else is at significant risk of harm, such as a child/children or other vulnerable persons, or you yourself are at significant risk of harm. In such instances we will seek to inform you before we share information.  Please tick here to confirm you have been made aware of this ☐  In the event that this session leads us to agreeing that another service(s) are best placed to support you, we will need to share information about you with them to make a referral\*  Please tick here if you have been made aware and consent to this ☐  \*(name/type of service will be agreed with you) | | | | | | | | | |
| o Mr  o Mrs  o Miss  o Ms  Other: | First name: | | | | | | | D.O.B: | |
| Surname: | | | | | | | Age: | |
| Address and Postcode / Sleep Site: | | | | | | Telephone number | | | |
| Mobile number | | | |
| NHS number (if known) | | | |
| Email address: | | | | | | | | | |
| First Language: | | | | | Level of English spoken:  Interpreter required: Yes  No | | | | |
| Access to internet? Yes  No  WhatsApp call/video  Zoom  Other | | | | | | | | | |
| **Sex at birth:**  Male  Female  Prefer not to say or not specified. | | | **Relationship status:** | | | | **Sexual Orientation:** | | |
| **Country of birth:** | | |  | | | |  | | |
| **Ethnic Origin:**  White British  White Irish  Other White  Black/Black British - Caribbean  Black/Black British – African  Black/Black British - other | | | Asian/Asian British Indian  Asian/Asian British Pakistani  Asian/Asian British Bangladeshi  Asian/Asian British Other  Chinese  Ethnicity is unknown.  Mixed – other mixed  Mixed – White and Asian | | | | Mixed - White & Black African  Mixed - White & Black Caribbean  Not stated  Other  If other, please provide details: | | |
| **Religion:** | |  | |  | | |  | | |
| **Disability:** | | | | | |  | | | |
| Registered with a GP: o Yes o No Current/last known GP name and details: | | | | | | | | | |
| Pregnant o Yes o No  Do you currently care for anyone (adult or children)? o Yes o No  Please provide details: | | | | | | | | | |
| **Drug and Alcohol Use** | | | | | | | | | |
| In order to support you, we need to understand your drug and/or alcohol use in a bit of detail, the following information will enable us to agree how we can best meet your needs: | | | | | | | | | |
| **Drug/Alcohol 1:**  Route of administration: ☐ Inject ☐ Sniff ☐ Smoke ☐ Oral ☐ Other.  Age of first use:  How often do you use? | | | | | | | | | |
| **Drug/Alcohol 2:**  Route of administration: ☐ Inject ☐ Sniff ☐ Smoke ☐ Oral ☐ Other.  Age of first use:  How often do you use? | | | | | | | | | |
| **Drug/Alcohol 3:**  Route of administration: ☐ Inject ☐ Sniff ☐ Smoke ☐ Oral ☐ Other.  Age of first use:  How often do you use? | | | | | | | | | |
| Are you involved with any other treatment agency?  Probation ☐ Mental health ☐ Social Services ☐ Housing Support ☐ Other ☐ (please provide details):  If yes, do you consent to us sharing information with these services: Y ☐ N ☐ | | | | | | | | | |
| I give my consent to share information that has been given on the form to access Rise Services (please note consent must be obtained for RISE to process this referral) | | | | | | | | | |
| Signature  Verbal consent via telephone ☐ | | | | | Date | | | | |