**Recovery Intervention Services Ealing**

**Who are RISE?**

RISE is an integrated end-to-end treatment and recovery service which offers a wide range of pharmacological and psychosocial interventions to Ealing residents 18 years and over. RISE is a consortium, led by [CGL](http://www.changegrowlive.org/), and includes Central and North West London NHS Trust (CNWL),  Ealing Drug alcohol action team and service user-led organisation: Build on Belief (BoB)

**What services do RISE offer?**

RISE offers a pathway to recovery for adults challenged by the use of drugs and/or alcohol and would like support. We provide a range of intensive community-based support, treatment and rehabilitation services designed to meet individual support needs. We are a free and confidential service.

All referrals to the service are screened to confirm this is the most appropriate service at this time. If screened as appropriate, the client will be offered either a one to one fixed appointment with one of our staff or signposted to our walk-on service.

RISE referral criteria:

* Individuals must be 18 or over
* Clients must reside in the Borough of Ealing
* Currently using illicit substances and/or alcohol
* Previously using illicit substances and/or alcohol (no longer than 3 months abstinent)
* Client must be willing to engage and consent to treatment with Rise

Please ensure the form is completed fully as all sections are mandatory, incomplete sections may result in a delay to processing the referral. Please note: client consent must be completed for Rise to process the referral

Please note: RISE do not routinely offer home visits/assessments, should a home visit/assessment be required, please contact us prior to completing this form so that we may discuss this with you.

**Additional Information**

RISE have two hubs in the Borough of Ealing.:

Central Hub, 99-103 The Broadway, Uxbridge Road. W13 9BP. Tel 0208 567 4772 F. 0208 567 6223

Open Monday to Friday 9.00am – 5.00pm, Thursday open until 7.00pm.

Walk in times for assessment – Monday – Thursday at 9.30am, first come first serve

West Hub, Saluja Clinic, 36a Northcote Avenue, Southall. UB1 2AY. Tel 0208 843 5900 F. 0208 843 5919

Open Monday to Friday 9.00am – 5.00pm, Wednesday open until 7.00pm.

Walk in times for assessment – Monday – Wednesday and Friday at 9.30am, first come first serve

**Recovery Intervention Services Ealing**

**Referral Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Make a referral to RISE** | | | | | | | |
| Email this form to RISE to either: [ealingrise@cgl.org.uk](mailto:ealingrise@cgl.org.uk) or [rise.ealing@nhs.net](mailto:rise.ealing@nhs.net)  If you need to speak to someone before sending your referral, please ring: 0800 195 8100 | | | | | | | |
| **Details of referring Service** | | | | | | | |
| Service: | | | | | | Referrer’s name: | |
| Telephone number: | | | | | | Designation/Job role: | |
| Email address: | | | | | | Date referral sent: | |
| **Service User Details:** | | | | | | | |
| First name(s): | | | | | | Address: | |
| Last name: | | | | | |
| Date of birth: | | | Age: | | | Postcode: | |
| Sex at birth  (please tick) | Male | Female | | | Other | NHS number (if known): | |
| Ethnicity: | | Nationality: | | | | Borough of residence: | |
| Religion: | | | | Marital Status: | | | Sexual orientation: |
| Contact telephone number(s)  Home: | | | | | | Mobile:  Does the service user consent to RISE texting this number? Yes  No | |
| Does the service user require any communication support? Yes  No  e.g. language interpreter or sign language communication  If yes, please specify: | | | | | | | |
| **General Practitioner (GP) details** | | | | | | | |
| Please tick from the following:  Registered with a GP  Not registered with a GP  Unable to register with a GP | | | | | | | |
| GP name: | | | | | | Surgery name: | |
| GP Address | | | | | | | |
| Contact number: | | | | | | Ealing GP Yes  No | |

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| --- | --- | --- | --- | --- | --- |
| **Drug and/or Alcohol Use** | | | | | |
| **Main substance of choice including alcohol:** | How often and how much does the service user use?  How long has the substance used been a problem for the service user? | | | | |
| Age First Used: |
| How do you use:  🞏Inject  🞏Sniff  🞏Smoke  🞏Oral  oOther |
| What other substance(s) is the service user currently using?  How often and how much does the service user use? How long has the substance(s) used been a problem for the service user? | | | | | |
| Is the Service User on any prescribed medication? If yes, please give details: | | | | | |
| Please provide any further relevant information: | | | | | |
| **Identification of support issues and risk factors** | | | | | |
| Offending/Criminal justice  If yes, please provide details: | | | | | |
| Physical illness  If yes, please provide details: | | | | | |
| Disability  If yes, please provide details: | | | | | |
| Diagnosed Mental health problems  Self-reported Mental health problems  Please specify diagnosis, whether engaging with mental health services and any prescribed medication: | | | | | |
| Pregnant  Please provide details: | | | | | |
| Social Services contact  Child Protection Plan  Child in Need Plan  Please provide details: | | | | | |
| At risk of harm from others (violence/DV)  Please provide details: | | | | | |
| At risk of harm to others (violence/DV)  Please provide details: | | | | | |
| Current self-harm/suicide  Please provide details: | | | | | |
| A parent/primary carer to child(ren) under 18  Please provide details: | | | | | |
| Lives with child(ren) under 18  Please provide details: | | | | | |
| Is a carer for an adult dependant  Please provide details: | | | | | |
| Other  Please provide details: | | | | | |
| **Client consent** | | | | | |
| Does the service user give their consent for being referred to RISE | | | Yes | | No |
| Can the Service write to the service user at the given address? | | | Yes | | No |
| Can Services leave messages on the numbers that have been given? | | | Yes | | No |
| If no to the above, how can the Service arrange to contact the service user? | | | | | |
| I give my consent to share information that has been given on the form with RISE in order to access their Service (please note consent must be obtained for RISE to process this referral) | | | | | |
| Signature | | Date | | | |
| If the service user has not provided their signature, has verbal consent been agreed? | | | | Yes | No |