**REFERRAL FORM**

For Drug & Alcohol Services within South Gloucestershire

PLEASE USE <https://www.gov.uk/find-local-council> TO ENSURE LOCAL AUTHORITY AREA FOR CLIENT IS SOUTH GLOS. BEFORE REFERRING.

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| **Referrer Name****& Occupation:** | **Referral Date:**  |
| **Please provide a brief description of why you are currently involved with this client***: (if ATR or DRR please note offence which led to this)* |
| **Referrer Address:**  |
| **Referrer Email:** |
| **Contact Telephone Numbers:** | **Landline** | **Work Mobile** |
|  |
| **Client Name:**  | **Date of Birth:** | **Gender at birth:**Male / Female |
| **Client Address:**  |
| **Client Email:** |
| **Contact Telephone Numbers:** | **Mobile** | **Landline** |
| **Consent to contact:** (Y / N ) | **Letter** | **Phone** | **Voicemail** | **Text** | **Email** |
|  |  |  |  |  |
|  |
| **Substance** *(e.g. alcohol)* | **Frequency & Quantity** | **Route** | **Age First Used** |
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| **Further information:** *Please include/attach: any significant risks, transfer documents (last TOPs, risk, safeguarding), and current substitute prescribing arrangements, if applicable.* |
|  |
| **Please sign to confirm you have the client’s consent to make this referral:** |

Please email, fax or post to:

South Gloucestershire Drug & Alcohol Service - DHI

Corum 2 Crown Way SPOC.southglos@dhi.cjsm.net (if you do not have CJSM email please

Warmley contact the team on the phone number below)

South Gloucestershire TELEPHONE: 01454 868 750

BS30 8FJ FAX: 01179 671 047

 FREEPHONE 08000 733 011 (Clients only for self-referral)