

Date of Referral

CHI Number   
Nebula Number

Contact by letter  Telephone  Both

**Name of service user**.....

Male  Other

Address.....

Female

.....

Preferred pronouns

D.O.B

**Post Code**.....

Ethnicity

Permanent or temporary address?

**Telephone** Landline..... Mobile.....

**E mail address** .....

**Name of Referrer**.....

Agency.....Telephone number.....

**GP** (Name, practice and number).....

**Other contact/next of kin** name & telephone number

**Has person given consent for referral?** Yes / No

**Has person used service before?** Yes / No

**Are you happy to be contacted by someone from our services should you fail to attend your appointment?** Yes / No

**What is person's main substance used?**

Amount and frequency

Length of use

**What is person's other substances used?**

Amount and frequency

Length of use

**Injecting** yes no

**Prescribed medication**

**What does the person want from the service?**

**Does the person have or is person in regular contact with children?  
Are there any child protection concerns? (Enter ages and names of children)**

**Is person in contact with other agencies? (Which ones+ level of contact)**

**Physical and mental health (any medical risk i.e. seizure activity, self harm)**

**Is there anything we should know about risk? Is there an existing risk assessment? Criminal convictions/statutory orders (agency referral)**

**Any other relevant information**

**DO THEY HAVE ANY CONNECTION WITH ARMED SERVICES Yes/No/Don't know**

**Access needs/disability/literacy**

We Are With You and Borders Addiction Service share a referral and assessment process. If appropriate, your details may be transferred between services to ensure you get the most appropriate help

Form completed by.....