

# HALTON SUBSTANCE MISUSE REFERRAL FORM

Date referral received  
by Ashley House:

\_\_\_\_\_

1. Referral information:			Client ID No:		
Date of referral:		Referring Agency:			
Address of Referring Agency:					
Contact Name at Referring Agency:		Telephone No:			
		Fax No:			

2. Client information:					
Title:		Address:			
Surname:					
Forename:					
Likes to be known as:		Postcode:			
Date of Birth:	/	/	Telephone no.:		
Gender:	Male	Female	Mobile no.:		
NI Number					

3. Ethnicity: please circle appropriate letter				
WHITE	MIXED	ASIAN/ASIAN BRITISH	BLACK/BLACK BRITISH	OTHER ETHNIC
A - British	D - White&Black Caribbean	H - Indian	M - Caribbean	R - Chinese
B - Irish	E - White&Black African	J - Pakistani	N - African	S - Any Other
C - Other white	F - White & Asian	K - Bangladeshi	P - Other Black	Z - Not Stated
	G - Other Mixed	L - Other Asian	NATIONALITY	

4. Substance misuse & previous treatment:										
Rank	Substance (Include prescribed medication)		Illicit	Prescribed	Frequency of use? 1 = <u>not</u> in past month 2 = once per week or less 3 = 2-6 days per week 4 = Daily 5 = More than once daily 6 = Not known			Age of first use	How Used? 1=IV; 2=Sniff; 3=Smoke; 4=Oral; 5=Other	
1= MAIN										
2 <sup>nd</sup>										
3 <sup>rd</sup>										
Currently injecting?	Yes	No	Ever injected?	Yes	No	Ever shared?	Yes	No		
Is the client pregnant?										
Alcohol Use (past 7 days)	Units		Frequency							
Other Agency Involvement										

**BACKGROUND/ADDITIONAL INFORMATION? (including brief reason for referral, risk assessment; etc)**

**7. Dependent Child Information:**

Dependent Child's Forename	Child's Surname	Child's DOB	Where child lives	Client Involvement: (Full: Partial: None)

**8. Other information:**

General Practitioner:				Surgery:	
Telephone number:					
Employment Status:	Employed:	Casual Work:	Unemployed:	Sickness/Benefit:	
	Pupil/Student:	Other:	Not Known:	Economically Inactive:	
Accessibility needs: Please tick	Disabled:	Needs transport:	Has childcare responsibilities:		
	Other accessibility needs (please describe):				
Legal information:					

	Yes	No
Has the client been informed and is agreeable to referral?		

**If possible – please obtain client signature:**

Signature of client: \_\_\_\_\_

Date: \_\_\_\_\_

