

## B&NES Drug and Alcohol Services –Referral Form

**Please return to:** The Single Point of Entry, Beehive Yard, Walcot Street, Bath BA1 5BD.

Telephone: 01225 329 411

Secure Fax: 01225 589 411

Professionals Helpline (for clinical support): 01225 359904

<b>Date of Referral</b>		<b>Practice:</b>	
<b>Name of referrer (and GP if different) :</b>		<b>Address:</b>	
<b><i>Patient information</i></b>			
<b>First Name</b>		<b>Surname</b>	
<b>Address <i>Line 1</i></b>		<b>DOB</b>	
<b><i>Line 2</i></b>		<b>Gender</b>	Male/Female/Transgendered
<b>Postcode</b>		<b>Phone Number(s)</b>	
<b>Does patient have any children?</b>	Yes/No	<b>Names and DOBs of children</b>	
<b>If yes, does client have contact with children?</b>	Yes/No	<b>Any Children's Services involvement?</b>	Yes/No <i>If yes, please provide details</i>
<b>Risk information (to self or others)</b>  <i>Please provide details</i>		<b>Any other agencies involved in the patients care?</b>  <i>Please provide names of agencies and workers</i>	
<b>Reasons for referral:</b>	<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Family/Carer support		
<b><u>Further information</u></b> <b>(please include any relevant information about your referral):</b> <ul style="list-style-type: none"> <li>- Substances used (types, methods of use, amount, frequency, impact)</li> <li>- Physical health</li> <li>- Mental health</li> <li>- Medications prescribed</li> <li>- Family circumstances</li> <li>- Protective factors</li> <li>- Previous treatment history</li> </ul>	<p style="text-align: center;"><i>Has an Alcohol Audit been completed? Yes/No    If so, please attach/insert score</i></p>		

**Please confirm this referral has been discussed with the client and they have given consent for information to be shared: Yes/No**

*Thank you for your referral. We will make contact with the patient within 24 hours of receipt of this referral and keep you updated.*

