REFERRAL FORM

Please email: harccg.haga@nhs.net

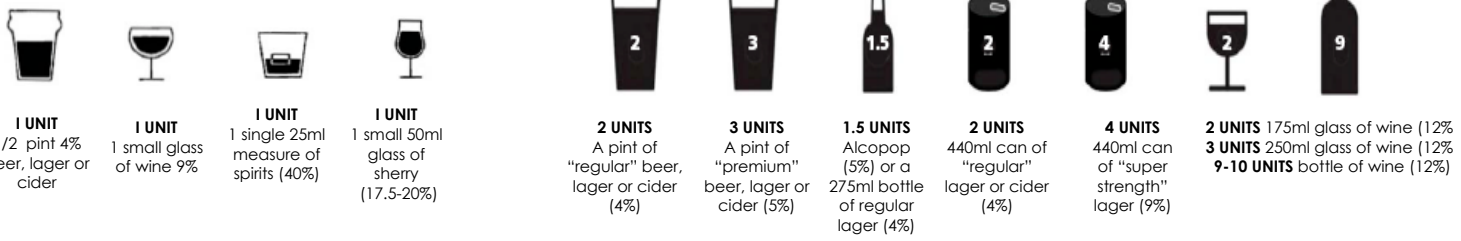
Or fax: 0208 802 0081 (Attn: Duty Worker) & call 0208 800 6999 to confirm receipt

Referrer Name		Date of Referral	
Agency		Telephone	
R/ship to Client		Email	

Client Name		Ethnicity		
Date of Birth		Gender		
Address		Can we send mail?	YES	NO
Telephone No/s		Can leave message?	YES	NO

Client's pattern of Alcohol/ Drug use in last 28 days (frequency & amount per day)		Age of first use	

Reasons for Referral (inc. level of motivation & goals/detoxification/abstinence/controlled drinking/day programme/counselling)		
Is the client aware of the referral?	YES	NO
Previous Treatment	YES	NO
Children	YES	NO
Details (inc. name/dob for children, carer/guardian status)		
Is the family known to Children and Young People's Service?	YES	NO
If yes, please give name of Social Worker		
Mental Health	YES	NO
Details inc. suicidal ideas/planning (attach risk assessment if referred by mental health service)		
Criminal Justice Issues	YES	NO
Details (attach risk assessment if referred by probation)		
Medical	YES	NO
Details (i.e. prescribing, medication)	GP Name:	
	Clinic:	
	Address:	
	Contact Details:	
Alerts	YES	NO
Any cause for concern (i.e. SOVA, DV, past withdrawal symptoms, housing issues/homeless)		



1 UNIT 1/2 pint 4% beer, lager or cider

1 UNIT 1 small glass of wine 9%

1 UNIT 1 single 25ml measure of spirits (40%)

1 UNIT 1 small 50ml glass of sherry (17.5-20%)

2 UNITS A pint of "regular" beer, lager or cider (4%)

3 UNITS A pint of "premium" beer, lager or cider (5%)

1.5 UNITS Alcopop (5%) or a 275ml bottle of regular lager (4%)

2 UNITS 440ml can of "regular" lager or cider (4%)

4 UNITS 440ml can of "super strength" lager (9%)

2 UNITS 175ml glass of wine (12%
3 UNITS 250ml glass of wine (12%
9-10 UNITS bottle of wine (12%)

NB: AUDIT must be completed with the client within the last two weeks

Date AUDIT completed:_____

Questions	Scoring system					Your score
	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
2. How many units of alcohol do you drink on a typical day when you are drinking? *(See unit guidance above.)*	1 -2	3-4	5-6	7-9	10+	
3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
				TOTAL	_____	

SCORING

0 –7 Lower risk
8 –15 Increasing risk
16 –19 Higher risk
20+ High risk/possible dependence