

HARINGEY DRUG, ALCOHOL AND RECOVERY PARTNERSHIP REFERRAL FORM

HAGA Alcohol Service: Please email: harccg.haga@nhs.net or fax 0208 802 0081 (Attn: Duty Worker) and call 0208 800 6999 to confirm receipt

Haringey Recovery Service: Fax to 020 8802 2309 (Attn: Recovery Coordinators) and call 020 8801 3999 to confirm receipt or email haringeyrecovery@mungosbroadway.org.uk

The Grove (Drug Service):

Date			
Referred individual information			
Individual's Name			
Date of Birth		Gender	
Landline No.		Mobile No.	
Address			
Postcode			
Email		Language	
Translation required?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for referral			
Any major concerns or risks			
Does client consent to referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does client consent to contact via:	Tick as appropriate: <input type="checkbox"/> Letter <input type="checkbox"/> Home Visit <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone		
Referral Information			
Referring agency			
Referring worker			

Address			
Postcode			
Landline No.		Mobile No.	
Email			