

B&NES Drug and Alcohol Services –Referral Form

Appendix 3

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

Date of Referral		Practice:	
Name of referrer (and GP if different) :		Address:	
Patient information			
First Name		Surname	
Address Line 1		DOB	
Line 2		Gender	Male/Female/Transgendered
Postcode		Phone Number(s)	
Does patient have any children?	Yes/No	Names and DOBs of children	
If yes, does client have contact with children?	Yes/No	Any Children's Services involvement?	Yes/No <i>If yes, please provide details</i>
Risk information (to self or others) <i>Please provide details</i>		Any other agencies involved in the patients care? <i>Please provide names of agencies and workers</i>	
Reasons for referral:	<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Family/Carer support		
<u>Further information</u> (please include any relevant information about your referral): - Substances used (types, methods of use, amount, frequency, impact) - Physical health - Mental health - Medications prescribed - Family circumstances - Protective factors - Previous treatment history	Has an Alcohol Audit been completed? Yes/No <i>If so, please attach/insert score</i>		

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.

