Recovery near you

Wolverhampton Substance Misuse Service - Single Point of Contact Referral Form

Referral to service: Adult Alcohol ☐ Adult Drug ☐ Young People ☐ **Referral Date:**

Patient Details		Referrer Details
Mr/Mrs/Miss/Ms		Referrer Agency:
Name:		Referrer Name: Referrer Role:
Address: Post Code:		Referrer Address: Post Code:
Preferred Tel Number:		Referrer Tel No:
Ethnicity: Religion:		Referrer e-mail:
DOB:	Sex: M ☐ F ☐	Fax No:
NHS Number:		GP Name & Surgery (if known):
Occupation:	or JSA/ ESA/ Other:	Practice Tel No (if known):
Patient Consent to Referral? Y ☐ N ☐ Is patient motivated? Y ☐ N ☐		Young Person Carer consent to Referral? Y ☐ N ☐ Name & Contact Number of Parent/ Carer

Interpreter required? ☐ Please state language, incl. sign language:

Details of hearing, visual, physical/ mental health difficulties?

Social History: Carer with dependents Y ☐ N ☐ No. children under 18 living with patient

Any other agencies involved?

Reason for Referral

(Adults) Audit Score or
Young People DUST Score

Alcohol units weekly
Drug amount used weekly (£/weight)

No of Hospital Admissions in last 12 months

Substance Type:

- ☐ Alcohol
- ☐ Amphetamine
- ☐ Benzodiazepines
- ☐ Cannabis
- ☐ Cocaine
- ☐ Crack
- ☐ Ecstasy
- ☐ Heroin
- ☐ Ketamine
- ☐ LSD
- ☐ Methadone
- ☐ Subutex/Buprenorphine
- ☐ Solvents
- ☐ Other _____

Prescribed: Yes / No

Pattern of substance misuse:

- ☐ Daily
- ☐ 2-6 x weekly
- ☐ Monthly
- ☐ Early AM
- ☐ Late AM
- ☐ Early PM
- ☐ Late PM
- ☐ All Day

Social Circumstance:

- ☐ NFA
- ☐ Living with others
- ☐ Lives alone
- ☐ Support at home

Risk Assessment:

- ☐ Currently Injecting?
- ☐ Severe Mental Health Problems
- ☐ Suicide/Self Harm Risk
  - ☐ Present
- ☐ Violence/ Aggression
- ☐ Safeguarding/Vulnerable

Risk Details:

Details of any prescribed medication and dosage:

For office use only. Triage outcome

***** INCOMPLETELY FILLED REFERRAL FORMS MAY DELAY ASSESSMENT OF YOUR PATIENT *****