

Client reference / Name

Is this referral for a person under 18 years of age? Yes / No

Family and Friends Referral Form – Essential Screening Information

For use in referring family and friends of substance misusers to support

Confidentiality and Child Protection Statement

This referral is confidential; we will only share information about you with another service/ agency with your informed consent. The 'consent to share' page is on page 2. Otherwise, we will only share information about you when we believe that you or someone else is at risk of harm.

Note to worker: Please explain in more detail your service or agency's confidentiality and child protection policies.

Please refer to the accompanying guidance for further clarification on completing this referral

<p>1. Name of client + title:</p> <p>2. Address:</p> <p>3. Postcode:</p> <p>4. Tel number:</p> <p>5. Mobile number:</p> <p>6. Email:</p> <p>7. How is it best to contact you?</p> <p>Can we leave you a message on any of these phone numbers? Y / N <i>(please circle)</i></p>	<p>8. Referral date:</p> <p>9. Date of birth:</p> <p>10. Gender: male / female <i>(please circle)</i></p> <p>11. G.P: <i>(name, address, phone)</i></p> <p><i>(if not registered, please state)</i></p> <p>12. Next of kin: <i>(name, relationship to client and contact number)</i></p>
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13. Ethnicity: *(tick one box only)*

Code	Group	Ethnicity	Tick one
A	White	White British	
B	White	White Irish	
C	White	Other white	
D	Mixed	White & Black Caribbean	
E	Mixed	White & Black African	
F	Mixed	White & Asian	
G	Mixed	Other mixed	

Code	Group	Ethnicity	Tick one
H	Asian/Asian British	Indian	
J	Asian/Asian British	Pakistani	
K	Asian/Asian British	Bangladeshi	
L	Asian/Asian British	Other Asian	
M	Black/Black British	Caribbean	
N	Black/Black British	African	
P	Black/Black British	Other Black	
R	Other Ethnic	Chinese	
S	Other Ethnic	Other	
Z		Not stated	

14. Nationality:

<p>15. Reason for referral: <i>(space for further details is overleaf)</i></p> <p>16. Agency referred to:</p>	<p>17. Referring agency details: <i>(please give name of worker completing this referral, agency contact name and contact details)</i></p>
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18. Further details about clients needs:

eg:

Does the client have substance misuse problems?

Is the client caring for children?

Are there any diversity needs eg culture, disability?

19. Are there any risk factors associated with this client?

(If yes, please give details)

Yes / No
(please circle)

Consent to share information

This section MUST be filled in for all referrals.

If a phone referral, please obtain details over the phone and initial at first meeting with the client.

I consent to the details contained in this form to be shared where appropriate with the agency/ agencies and individuals below if this is required for my future care. I understand that I can withdraw consent at any time. These details will be regularly checked with me (max 3 monthly).

Organisation	Staff contact name	Client initial	Review date

Signature of client

Date

I understand that details without my name/ address on will be used to monitor service levels and quality by N-DAP (Norfolk Drug and Alcohol Partnership)

Signature of client

Date