N Date referred to modality / date referral undertaken

N Date receiving agency received referral

Norfolk Drug & Alcohol Partnership

Client reference / Name

Referral Form – Essential Screening Information

For substance misuse referrals for adults

This form is to be used when referring individuals to substance misuse treatment agencies. If client is in need of immediate help with serious physical problems, please use regular medical services ie GP or Accident and Emergency. Fields with prefix N indicate information required for data purposes and must be completed.

N **1. Name of client + title**

2. Address

N **3. Postcode**

4. Phone number

Can a message be left on this number? No ☐ Yes ☐

7. Is this your address for correspondence? No ☐ Yes ☐

If not how is it best to contact you?

Next of kin and contact number

N **6. Date of birth**

N **7. Gender: male** ☐ **/ female** ☐ (please tick)

8. Reason for referral

N **9. Referring agency details** (referral source)
(ie staff member name/address of agency making this referral)

10. Agency referred to

Consent to share information

This section **must** be filled in for all referrals

If a phone referral, please obtain details over 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 checked with me (max 3 months).

Organisation	Staff contact name	Client initial	Review date

Name of client

Signature of client **Date**

I understand that details without my name/address on will be used to monitor service levels and quality and will be collected for NDTMS (National Drug Treatment Monitoring System) and N-DAP (Norfolk Drug and Alcohol Partnership)

N **Signature of client** **Date**

Signature of individual filling in referral form **Date**

Client reference / Name

N **11. Ethnicity** (**Note to staff:** Please tick one ethnicity only)

Code	Group	Ethnicity	Tick one	Code	Group	Ethnicity	Tick one
A	White	White British	☐	H	Asian/Asian British	Indian	☐
B	White	White Irish	☐	J	Asian/Asian British	Pakistani	☐
C	White	Other white	☐	K	Asian/Asian British	Bangladeshi	☐
D	Mixed	White and Black Caribbean	☐	L	Asian/Asian British	Other Asian	☐
E	Mixed	White and Black African	☐	M	Black/Black British	Caribbean	☐
F	Mixed	White and Asian	☐	N	Black/Black British	African	☐
G	Mixed	Other mixed	☐	P	Black/Black British	Other Black	☐
				R	Other Ethnic	Chinese	☐
				S	Other Ethnic	Other	☐
				Z		Not stated	☐

N **12. Nationality**

13. GP: name, address, phone
(if not registered please state)

N **14. What is the main substance** (drug or alcohol) **that you are using?** (Problem substance No 1)

N **15. How do you use it?** (route of administration) (please tick)

1. Inject ☐
2. Sniff ☐
3. Smoke ☐
4. Oral ☐
5. Other ☐

N **16. Have you ever injected?** (please tick)

P. Previously (but not currently) ☐
C. Currently injecting ☐
N. Never injected ☐

N **17. If yes, have you injected over the last 30 days?**

No ☐ Yes ☐

18. Are you currently receiving help for your substance misuse anywhere else?

No ☐ Yes ☐

If yes, where and for what?

19. Have you previously received treatment in any agency for substance misuse?

No ☐ Yes ☐

If yes, where, when and for what?

N **Was this structured treatment?** No ☐ Yes ☐

Note for staff: Structured = inpatient treatment, residential rehab, prescribing, counselling, structured day programmes, any other structured drug treatment.

20. Question to staff: **Do you know of any risk factors associated with this client?**

No ☐ Yes ☐ Don't know ☐ (tick) **If yes, please state here and on safety needs screen on back page**

21. What type of accommodation do you live in?
(eg rented, owned)

N **22. Accommodation need** (please tick)

1. NFA – urgent housing problem ☐
2. Housing problem ☐
3. No housing problem ☐

23. Is there any other information that might be relevant to this referral?

Does the client have any literacy problems? No ☐ Yes ☐

What is the client's first language?

Does the client consider themselves to have a disability? If yes, what?

NB: For staff not carrying out the next triage section, please now fill out the Safety Needs Screen on the back page, and then return to the front page and make sure you have filled in your details, where you are sending the referral to and the consent.

Referral Form – Additional Triage Information

For substance misuse referrals for adults

Client reference / Name

24. Substance misuse details: Current use

Substance	Prescribed / not prescribed	N Frequency of use (enter code) 1. Not used in past month 2. Used once per week or less 3. Used 2-6 days per week 4. Used daily 5. Used more than once daily 6. Not known	Amount / cost (indicate per day or week)	N Route of administration (enter code) 1. Inject 2. Sniff 3. Smoke 4. Oral 5. Other	N Problem Substance 1, 2 or 3 (enter 1, 2, 3)	Last used	N Age first used problem substance no 1
Alcohol (cont.below)							
Heroin							
Methadone							
Other opiates							
Other							
Diazepam							
Benzodiazepines							
Cocaine							
Crack cocaine							
Ecstasy							
Amphetamine							
Cannabis							
LSD							
Solvents							
Other prescribed medication							
Other							
			Approx total cost per week				

Additional information about alcohol misuse

Type of alcohol (eg wine, spirits, beer, lager, cider)

N **Drinking days** (in 30 days prior to assessment)

N **Units per day** (on typical day in last 30 days)

Is this binge drinking No ☐ Yes ☐

Additional information about drug misuse

N **Have you ever injected?** (please tick)

- P – Previously ☐
- C – Currently ☐
- N – Never ☐

N **Have you injected over the last 30 days?** No ☐ Yes ☐

How often do you inject per day / week?

Client reference / Name

Health / risk factors

25. Have you any physical health conditions that require treatment? No ☐ Yes ☐ (please tick)

If yes, what condition, treatment, when etc?

N **26.** If female: **Do you know if you are pregnant?** Pregnant ☐ Not pregnant ☐ Don't know ☐ (please tick)

27. Have you ever experienced any mental health difficulties? No ☐ Yes ☐

If yes, what difficulties, treatment etc?

N **28. Are you currently receiving care from mental health services?** No ☐ Yes ☐

Note **for staff:** this question is about service

29. Have you ever thought about or attempted to harm yourself? No ☐ Yes ☐

Can you give details?

30. Have you ever attempted suicide in the past? No ☐ Yes ☐

Can you give details?

Dependants / carer responsibilities

N **31. How many children under 16 live with you at least part of the time?**

Note to staff: this means 15 years old and under.

N **32. Parental status of client**

Note to staff: please tick one of the options below

1. Children living with client ☐
2. Children living with partner or ex partner ☐
3. Children with other family member ☐
4. Children in care ☐
5. Client pregnant ☐
6. Other ☐
7. No children (under 16) ☐

33. Is there any other information that is relevant to this referral?

Client reference / Name

Safety Needs Screen

Note to staff: This page must be filled in when completing a referral / triage. It is not a formal risk assessment, but an indicator of safety issues.

34. Current risk areas

Risk area	**Is this a risk?** (please tick) Note to staff: You must tick one of the boxes			**Is the source of this information self disclosure from the client (SD) or evidenced from another source (E)?**	**If evidenced, state what the source is**
Self harm	No ☐	Yes ☐	Don't know ☐		
Suicide	No ☐	Yes ☐	Don't know ☐		
Overdose	No ☐	Yes ☐	Don't know ☐		
Violence to others	No ☐	Yes ☐	Don't know ☐		
Sexual offending	No ☐	Yes ☐	Don't know ☐		
Other offending	No ☐	Yes ☐	Don't know ☐		
Accidents	No ☐	Yes ☐	Don't know ☐		
Neglect	No ☐	Yes ☐	Don't know ☐		
Abuse/exploitation by others	No ☐	Yes ☐	Don't know ☐		
Absconding/withdrawal from treatment	No ☐	Yes ☐	Don't know ☐		
Children	No ☐	Yes ☐	Don't know ☐		
Staff	No ☐	Yes ☐	Don't know ☐		
Homeless/sofa surfing	No ☐	Yes ☐	Don't know ☐		
Other	No ☐	Yes ☐	Don't know ☐		

Please give further details if necessary

Note to staff: Check you have filled in your agency details, and consent and forward to the referred to agency.