**Referral Form**

**The Pier Road Project, Bexley Drug and Alcohol Team**

**50 Pier Road, Erith Kent DA8 1RQ**

**Telephone: 01322 357940 / Email:** **slm-tr.pierroadproject@nhs.net**

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| **Referrers Details** |
| Referrers name (**name, job title and email)**) | Referral date: |
| Referrers contact details (**service / agency, address (including post code, phone number**) |
| **Clients Details** |
| Client details: client name: | M / F | Client DOB: |
| Client address & borough: | Client aware of referral & consent gained: **Y / N** |
| Client phone number/s and email: | Client ethnicity: |
| **Substances Used:** (please describe drug and / or alcohol use as fully as possible, thank you) |
| **Substances used**: (including alcohol) | **Amount used:** (in £’s / grams / alcohol units & alcohol %) | **Method of use**: (injected /smoked / snort / oral) | **Frequency of use:** (daily / twice weekly / etc) |
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| **Risk Assessment: – Does the client have any issues with the following?** (please circle & provide full details) |
| **Physical health** – mobility / history of DVT / recent hospital admission / Hep B C HIV / breathing problems / fits or seizures, alcohol related? |
| **Mental health** – depression / anxiety / psychosis / suicidal ideation / history of suicide attempts / self harm / any prescribed medication?  |
| **Social** – housing issues / Social Services involvement or child at risk / self neglect / social isolation / criminal activity / violence / arson? |
| **Drug / alcohol use** – injecting substances (previous/ current)/ AUDIT score (& please attach)/ recent abstinence/ alcohol dependent?  |
| Is the client involved with any other services? |
| For Self Referrals – how did you (the client) hear about us? What would you like from the service? |

**Please email this referral form to** **slm-tr.pierroadproject@nhs.net****, thank you**