

## Direct Access Referral Form: Alcohol

Send to: Direct Access Alcohol Team, Suite 20, Brunts Business Centre, Samuel Brunts Way, Woodhouse Road, Mansfield, Nottingham, NG18 2AH  
Tel: 01623 633510 Fax: 01623 631541

### Client Details

First name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Preferred name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: Male  Female  Homeless yes/no \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_  
GP: \_\_\_\_\_ Problems with reading/writing? \_\_\_\_\_  
Is the client pregnant? \_\_\_\_\_

**Consent to contact client by (tick if yes):** Letter to above address  / Mobile phone  / Home phone

### Referral Details

Referred by: ..... Date: .....  
Details: .....

### Alcohol Use

Current use: type/amount/strength/frequency

Any other drugs used?

Ever been in treatment / currently in treatment?

Brief history of alcohol use

### Any physical health problems?

Any Alcohol related problem?

Recent hospital admission through alcohol? Yes/no

Details :

### Any mental health problems? ( inc self harm, suicidal thoughts)

**Dependence**

Would you class yourself as alcohol dependent? Yes/no

Do you suffer from any of the following symptoms if you don't drink

**Seizures** yes/no      **shaking** yes/no      **sweating** yes/no      **Hallucinations** yes/no

Do you have to have a drink in the morning to enable you to get up or do anything? Yes/no

**Any immediate risks (to client / child / family / worker / other)?**

(Mental Health Issues, Domestic Violence, Inappropriate Sexual Behaviour, Aggressive Behaviour, Risk from Significant Others, etc)

**Client perception of need / reasons for requesting help**

(Why referred to services, What hopes to achieve, How service can help, etc)

Client's availability for appointments

**For Office Use**

Referral Taken by: ..... Date: .....

Entered on Bomic by:..... Date: .....

Allocated to: ..... Date:..... By: .....

Appt Venue:.....Date:..... Time:.....