

SABP i-access Drug & Alcohol Services

Referral Form for Surrey Residents

Referrer Details

Date of Referral (dd/mm/yyyy)	Referral Source		
	<input type="checkbox"/> GP / <input type="checkbox"/> Social Services / <input type="checkbox"/> CMHRS / <input type="checkbox"/> Self / Other: <input type="checkbox"/> Probation NOMS/KCRA* (*delete as appropriate)		
Name of Referrer			Job Title of Referrer
Contact Details of Referrer	Phone		Client aware of referral? <input type="checkbox"/> Yes / <input type="checkbox"/> No
	Email		

How did you hear about us? - Self referrals only

Client Details

First Name	Surname		
Date of Birth	Title	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Numbers: Mobile	Landline		
Address	GP Name		
	GP Surgery		
Post Code			
Interpreter Required? (if yes please specify language)	<input type="checkbox"/> Yes / <input type="checkbox"/> No		NHS Number

Contact Consent – Please tick ALL that apply

Landline	<input type="checkbox"/> Yes / <input type="checkbox"/> No	→ Voicemail	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Letter	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Mobile	<input type="checkbox"/> Yes / <input type="checkbox"/> No	→ Voicemail	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Text Message	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Your referral may be delayed if consent is not provided

Outline of current substance misuse problem

Please provide quantities / units of drugs or alcohol currently being used

History of substance misuse and previous treatment

Have you previously received drug or alcohol treatment? Yes / No

If yes, please give approximate date:

Please provide brief details of any other medical or mental health problems?

Include any physical health conditions and if mental health problems ascertain CMHRS involvement

Is the client pregnant? Yes / No

**If you require urgent out of hours support please contact the
Mental Health Crisis Helpline on 0800 915 4644
open 24 hours a day seven days a week**

GP and Hospital Referrals – please attach a copy of the client’s medical history, recent prescriptions and recent blood test results to this referral

**Any other important factors i.e. – Safeguarding Adult / Children concerns
Convictions / Probation / History of violence – please provide details.**

Please inform us of any risks we should be aware of.

I have discussed this referral with the client and they consent to this information being shared with the Surrey and Borders Partnership NHS Foundation Trust i-access Community Drug & Alcohol Teams

Yes
 No

***If this box is not marked “Yes” the referral process could be delayed as we may need to write to the client to ask if they would like an appointment with us**

MANDATORY INFORMATION

We will be unable to process this referral until this information is provided

If alcohol is presenting problem please complete this AUDIT C Questionnaire

Questions	0	1	2	3	4	Score
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Please ensure you have given the referee’s NHS Number and send this referral either:

- By **Email**: from a **secure** account to: rx.x.iaccess@nhs.net or from a **non-secure** account as a password protected document.
- By **Post**: **i-access Admin Hub, Laurel House, Farnham Road Hospital, Guildford GU2 7LX**
- By Safe Haven **Fax**: **01483 302617**
- If you have any queries please call: **0300 222 5932**

i-access Use Only

Referral taken / received by:
(print full name)

Date:

Audit score less than 10 with no complex needs, send information pack

Previous client? Y/N

Halo ID:

Year(s) of discharge:

Previous Engagement with:

Any other information: