ADULT REFERRAL FORM

Telephone referrals will also be accepted: please have the below information when telephoning.

Please email your completed form to: Substancemisuse@hartlepool.gov.uk

**Section 1 – Referrer Details**

**\*\*If you are completing this form on behalf of a friend or family member you must have their consent to do so and they agree for START services to contact them. \*\***

|  |  |  |  |
| --- | --- | --- | --- |
| DATE |  | Are you referring yourself?  | Yes ( ) No ( ) |
| Are you referring a friend or family member? | Yes ( ) No ( ) | If referring on behalf of someone, have they consented to this referral? | Yes ( ) No ( ) |
| If you are referring a friend or family member, please share your name & contact details:  |  |

**Section 2 – Personal details of who requires support of START service:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth:  |  |
| Preferred name:  |  | Gender assigned at birth:  | Male   | Female | Prefer not to answer |
| AddressPostcode |  | Telephone number  | Mobile:Landline:  |
| Please state you’re your preferred mode of contact | Letter | Mobile *(including voicemail & texts)* | Landline | Other: please state |
| Do you give consent for us to contact you via?  | LetterYes ( )  No ( ) | Mobile *(including**voicemail & texts)*Yes ( ) No ( ) | LandlineYes ( )  No ( ) | Other: please stateYes ( ) No ( ) |
| GP Name and Surgery |  |
| Are you/they in full time employment?  | Yes ( ) No ( ) | Would you/they require a translator to support in yours/their appointments? If so, what is yours/their first language?  | Yes ( ) No ( ) |

**Section 3 – Additional Information**

|  |
| --- |
| How can we help? Please describe your/your friend/family members’ drug and/or alcohol use: How much & how often?  |
|  |
| Why is the referral being made today?  |
|  |
| Tell us more about you or your friend/family members’ physical & mental health:  |
| Are there any physical or mental health diagnosis? |
| Are you/they prescribed any medications?  |
| Have you/your friend/family member ever received drug and alcohol treatment before? | Yes | No |
| If yes please provide details on when & with who:  |

**Supporting Treatment & Recovery Together (START)**

Whitby Street

Hartlepool

TS24 7AB

Tel No. 01429 285000

Secure email address: substancemisuse@hartlepool.gov.uk