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](mailto: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 |
| Address  Postcode |  | | 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? | Letter  Yes ( )  No ( ) | Mobile *(including*  *voicemail & texts)*  Yes ( )  No ( ) | Landline  Yes ( )  No ( ) | | Other: please state  Yes ( )  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