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| **You are:** | Requesting a full referral |  |
| Requesting only an invitation for an Information Session |  |

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| --- | --- |
| **PATIENT NAME** |  |
| **DATE OF BIRTH** |  |
| **CHI NUMBER** |  |
| **PATIENT ADDRESS** |  |
| **COUNTY**  ***(Please mark one option)*** | |  |  |  |  | | --- | --- | --- | --- | | Edinburgh |  | West Lothian |  | |  |  |  |  | | Midlothian |  | East Lothian |  | |
| **PATIENT TEL** |  |
| **REGISTERED GP** |  |
| **GP TELEPHONE** |  |
| **NEXT OF KIN** *(Including Relationship and Contact)* |  |

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| --- | --- |
| **REFERRAL DATE** |  |
| **ORGANIZATION OF REFERRER** |  |
| **NAME OF REFERRER** |  |
| **REFERRER ADDRESS** |  |
| **REFERRER EMAIL** |  |
| **REFERRER TEL** |  |

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| **OTHER AGENCIES/ PROFESSIONALS INVOLVED IN CARE** |  |

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| **CURRENT ADDICTION**  ***(Please mark one option)*** | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Alcohol |  | Drugs |  | Co-dependency |  | |
| **CURRENT ILLICIT DRUG USE / CONSUMPTION** | |  |  |  | | --- | --- | --- | | **SUBSTANCE** | **QUANTIY** | **FREQUENCY** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
|  |  |
| **DRUG & ALCOHOL HISTORY** |  |
| **PREVIOUS DETOX OR REHAB** |  |
| **MEDICAL HISTORY** |  |
| **PSYCHIATRIC HISTORY** |  |
| **CURRENT PRESCRIBED MEDICATION & ALLERGIES** |  |

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| **HOUSING SITUATION** |  |
| **SOCIAL AND FAMILY SITUATION** |  |
| **FINANCIAL SITUATION** |  |
| **CHILDREN & DEPENDETS** |  |

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| **RISKS** |  |
| **RECENT TOXICOLOGY TESTING** |  |
| **CURRENT LEGAL ISSUES** |  |

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| **DRIVING LICENSE HELD** |  |
| **FAMILY CAN ATTEND FAMILY PROGRAMME** |  |

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| **PATIENT CONSENTED TO REFERRAL** |  |