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

|  |  |
| --- | --- |
| **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)* |       |

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CURRENT ADDICTION*****(Please mark one option)***  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Alcohol | [ ]  | Drugs | [ ]  |  Co-dependency | [ ]  |

 |
| **CURRENT ILLICIT DRUG USE / CONSUMPTION** |

|  |  |  |
| --- | --- | --- |
| **SUBSTANCE** | **QUANTIY** | **FREQUENCY** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

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|  |  |
| **DRUG & ALCOHOL HISTORY** |       |
| **PREVIOUS DETOX OR REHAB** |       |
| **MEDICAL HISTORY** |       |
| **PSYCHIATRIC HISTORY** |       |
| **CURRENT PRESCRIBED MEDICATION & ALLERGIES** |       |

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

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

|  |  |
| --- | --- |
| **DRIVING LICENSE HELD** | [ ]  |
| **FAMILY CAN ATTEND FAMILY PROGRAMME** | [ ]  |

|  |  |
| --- | --- |
| **PATIENT CONSENTED TO REFERRAL**  | [ ]  |