**Referral Form to Essex Alcohol Recovery Community**

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| **First name** |  | **Surname** |  |
| **Address** |  | **DOB** |  |
| **Telephone numbers** |  |
|  |
| **Post Code** |  | **Email Address** |  |
| **Referrer’s name** |  | **Referral date** |  |
| **Referrer’s Address** |  | **GP name, address and phone number** |  |
| **Referrer’s Phone Number** |  |
| **Referrer’s Email Address** |  |

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|  | **How do you/does the client consent to be contacted? (Tick all that apply)** |
| **By Post:** | Consents to contact | [ ]  | **By Phone:** | Consents to contact | [ ]  | **By Email:** | Consents to contact | [ ]  |
| Does not consent to contact | [ ]  | Consents to leaving voice messages | [ ]  | Does not consent to contact | [ ]  |
| Unknown | [ ]  | Consents to text messages | [ ]  | Unknown | [ ]  |
| Does not consent to contact | [ ]  |
| Unknown | [ ]  |

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| **Sexuality:** |  | **Ethnicity:** |  |
| **First Language:** |  | **Nationality:** |  |
| **Religion:** |  | **Disabilities/Learning Difficulties:** |  |

**Current problem**

Alcohol problems: [ ]  Alcohol dependent [ ]  Binge drinker [ ]  other alcohol problem (give details below).

***\*What is a dependent drinker?*** This means you or your client is drinking daily - for males at 20+ units per day and women at 14+ units per day.

**Details of problem: quantity of alcohol consumed and duration of problem**

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**Complications** (give details below)

[ ]  h/o seizures or hallucinations in withdrawal [ ]  h/o self-harm

[ ]  Significant relevant physical health problems [ ]  Other mental health issues

[ ]  h/o violent, threatening, or abusive behaviour [ ]  Related forensic/criminal history

**Details**

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Drug Use: [ ]  Yes [ ]  No

**Details of use below**

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**Availability to attend weekly appointments**

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| * **Are you/ is your client working?**
* **Days & Times Available:**
* **Extra notes:**
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**Previous treatment** (service used, dates, treatment received, outcomes)

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**What do you/ does your client want to achieve? What are your/ their motivations for change?**

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**Are you/is the client engaging with any other agencies/organisations?** (If yes, which agencies? Contact details for these agencies)

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**How did you hear about Essex ARC?**

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**Other information**

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**Essex ARC: 01376 316126 (Option 1) |** **essex.arc@phoenixfutures.org.uk**