STOKE-ON-TRENT COMMUNITY DRUG AND ALCOHOL SERVICE

First Name(s):	Surname
D.O.B:	Ethnicity
Address:	Telephone Contact:
	Can we contact via this number: Yes / No
Post Code:	
Can we send letter to this address: Yes / No	
GP Surgery:	
Accessibility need for appointment (disability/employed/translator)	
Has the client consented to the referral: Yes / No	

Substance Misuse: Please list substance, type, amounts, frequency (daily/weekly, route of use (inject, smoke/oral:

Page1/2

Wood House, Etruria Road, Hanley, Stoke-on-Trent, Staffordshire, ST1 5NQ Email – <u>referrals@sotcdas.org.uk</u> or <u>stoke.cdsspoc@nhs.net</u> fax: 01782 286 268





North Staffordshire Combined Healthcare



Please state any known risks to include safeguarding (children's details), mental health issues (self harm/overdose. Risk to staff. Risk to others etc.

Are there any other agencies working with the client?. Please provide full names and contact details

Refer Details	
Full Name:	Service:
Contact Number(s)	
Email Address	
Do you require feedback: Yes / No	

Page 2 /2