This is a referral form for [Stoke-on-Trent's Community Drug and Alcohol Service](https://www.scdas.org.uk/). Please provide as much information as possible in the questions below, gaining consent from the person you’re supporting, prior to submitting the referred information.

If you need to speak to a member of our team prior to making the referral, please contact us on **01782 283 113.**

**Please send your completed form to** [**referrals@sotcdas.org.uk**](http://referrals@sotcdas.org.uk/)

| **Details of the person being referred to our service** |
| --- |
| First Name(s):  | Surname: |
| Date of birth: | Ethnicity: |
| Address: | Telephone contact: |
|  | Can we contact via this number: Yes / No |
| Postcode: | Is this a hostel or Concrete/Saltbox property?Yes/No |
| Can we send letters to this address: Yes / No | Is this client at current risk of eviction (e.g.- live warning/written notice/rent arrears):Yes/No |
| GP surgery: |
| Accessibility need for appointment (disability/employed/translator): |
| Has the client consented to the referral: Yes / No |
| **DOES THIS CLIENT HAVE AN OPIATE RE-ENGAGEMENT PLAN (Self Referrals Only) OFFICE USE ONLY** |

| **Please state any known substance misuse:**Please list:* Substance(s)
* Type(s)
* Amount(s)
* Frequency (daily/weekly)
* Route of use (e.g., injection, smoking, oral)
 |
| --- |

| **Please state any known risks, including:*** Safeguarding concerns (e.g., children's details)
* Mental health issues (e.g., self-harm, overdose)
* Risks to staff
* Risks to others
 |
| --- |

| **Are there any other agencies working with the client?** Please provide full names and contact details.Next appointment/s -  |
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| **Referer details** |
| --- |
| **Full name:** | **Service/Organisation:** |
| **Contact number(s):** |  |
| **Email address:** |
| **Do you require feedback: Yes / No** |  |

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