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/)

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| **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** | |

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| **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) |

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| **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 |

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| **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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