

Referral form

Beechwood House Residential Programme 2 or 14 weeks

Please download and save before completing.

Note: This form is available in a Word document on request

Please select a programme:	2 weeks: <input type="checkbox"/>	14 weeks: <input type="checkbox"/>
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A. Personal details

Name:			
Address:			
Postcode:			
Telephone:		Mobile:	
Email:			
Date of Birth:		Marital status:	
Children under 16:		Other dependants:	
Comments:			
N.I Number:			

B. Primary referrer's details

Name:		Designation:	
Name of agency:			
Address:			
Postcode:			
Telephone:		Mobile:	
Email:			
How long have you worked with the person?			

Please describe current state of mental wellbeing, please include any history of self harm:

Please list all current medication that is prescribed:

Are there any risks to the individual self-medicating whilst on residential programme?

Yes:

No:

If yes, please detail:

D. Criminal Justice

Is there a Criminal Justice history? (If no please continue to next section)

Yes:

No:

Name:

Designation:

Address:

Postcode:

Telephone:

Email:

Have you any outstanding court appearances?

Yes:

No:

Details:

Have you ever served a custodial sentence?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details:		
Have you any outstanding fines?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details:		
Have you ever been convicted of an assault or breach of the peace?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details:		
Have you ever been convicted of fire raising or arson?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

E. Substance Misuse

What is your primary substance of choice? (Please select)	Alcohol: <input type="checkbox"/>	Drugs: <input type="checkbox"/>
Are you currently taking alcohol?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details: (Please include amounts, frequency)		
What effect does alcohol have on your behaviour? Details:		
Are you currently taking other substances?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details: (Please include drug of choice, how often, where and with whom, with alcohol)		
What effect do these substances have on your mood/behaviour? Details:		

F. Signatures

Referrer's signature:		Client's signature:	
Ref. print name:		Client print name:	
Date:		Date:	
Is there a current Risk Assessment available? (Please select)		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If so we'd be grateful if you could please include same with the referral.			

Please complete section H

G. Additional information

Please use this space to continue any answers:

H. Database Consent

(Please note this part must be completed or referral form could be returned)

Waiting Times Information - Database Consent Form			
<p>We are seeking your consent to collect information specific to Individual Waiting Times for Assessment and Treatment. The purpose of collecting this information is to inform the planning and management of drug and alcohol services and ultimately improve service provision in Highland and across Scotland.</p> <p>This information is client identifiable and is held on the NHS Scottish Drugs Misuse Database. All information on the database is managed according to strict protection rules which ensure security, privacy and confidentiality of the information collected and client confidentiality is respected at all times.</p> <p>If you have no objection to this statement please indicate your approval by ticking the relevant box and signing below:</p>			
<input type="checkbox"/> Consent to FULL RECORD			
<input type="checkbox"/> Consent to ANONYMOUS RECORD			
Signature:		Date:	

Please complete and return by post to the address below or by email to beechwood@crossreach.org.uk

Beechwood House

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Inverness
IV2 3JH

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Fax: 01463 711544

Email: beechwood@crossreach.org.uk