Referrals adminDVA@cranstoun.org.uk

Tel: 07701-373131

Info - mcripps@cranstoun.org.uk

Tel: 07903254189

Maria Cripps: mcripps@cranstoun.org.uk

Client Referral

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| **REFERRED TO: VPP-**  |
| **DATE OF REFERRAL:** |
| **REFERRED BY:** |
| **Woman’s name:** | **Man’s name:** |
| **DOB:** | **DOB:** |
| **Ethnicity: (‘Demographic Information sheet’ to be completed by client)** | **Ethnicity: (‘Demographic Information sheet’ to be completed by client)** |
| **Address:** | **Address:** |
| **Tel:** **Messages? Y/N** | **Tel:** |

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| **Interpreter required? (Specify language) Y/N** | **Literacy: (needs regarding form filling etc)** |
| **Children (gender, age, name, DOB):** |
| **Previous partner details: (where relevant)****Name:****DOB:****Address:****Tel:** |
| **Mental health e.g. depression, panic attacks, suicidal ideation** |

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| **Current use** | 1 Injected, 2 Sniffed, 3 Smoked, 4 Oral, 5 Other (Please indicate all routes incl. combinations) |
| SUBSTANCE | Age first used | Days used in past 28 days | Daily amount/ Units/Cost | Routeif injecting - state where and how (e.g. IM, IV, SC) | PrescribedY/N | What changes does clientwant to make? |
| **ALCOHOL** |  |  |  |  |  |  |
| **HEROIN** |  |  |  |  |  |  |
| **METHADONE *- specify* Liquid/Amps/Tabs** |  |  |  |  |  |  |
| **SUBUTEX – *specify*** |  |  |  |  |  |  |
| **OTHER OPIOID - *specify*** |  |  |  |  |  |  |
| **BENZO - *specify*** |  |  |  |  |  |  |
| **COCAINE POWDER** |  |  |  |  |  |  |
| **CRACK COCAINE** |  |  |  |  |  |  |
| **AMPHETAMINES** |  |  |  |  |  |  |
| **CANNABIS** |  |  |  |  |  |  |
| **TOBACCO** |  |  |  |  |  |  |
| **ANTIDEPRESSANT*- specify*** |  |  |  |  |  |  |
| **OTHER - *specify*** |  |  |  |  |  |  |
| **Previous convictions/injunctions** |
| **Court action pending? (Date/charge)** |
| **Social worker details (name, team address)** | **Referrer details (if different)** |
| **Phone:****Fax:** | **Phone:****Fax:** |
| **E-mail:** | **E-mail:** |

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| **Other professionals involved:** |
| **Other notes/reports included:** |
| **Signature of referrer:** **(I have discussed this referral with my client, detailed above).****Signed:****Print Name:** |