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Maria Cripps: mcripps@cranstoun.org.uk

Client Referral

|  |  |
| --- | --- |
| **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:** |

|  |  |
| --- | --- |
| **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** | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | Route  if injecting - state where and how (e.g. IM, IV, SC) | Prescribed Y/N | What changes does client  want 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:** |