

**Referral form**

# Beechwood House Community Programme

**Please download and save before completing.**

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

**A. Personal details**

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

**B. Referrer's details**

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

### C. Reason for referral

Brief outline of reason for referral.

Details:

## D. Health

Please select appropriate answer: (Additional space is available at section H)

Is applicant registered with a GP?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
GP details			
Name:			
Address:			
Postcode:			
Telephone:		Fax:	
How long has the client being registered with the practice?			
Are there any physical health issues?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details:			
Does the client have mental health issues, including any history of self harm?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details:			
Is the client on prescribed medication?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Details of medication:			

### E. Criminal Justice

Is there a Criminal Justice history? (If no please continue to next section)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Have you any outstanding court appearances?	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 in prison/fined/completed Community Service?	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"/>
Details:		

### F. Substance Misuse

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:  No:

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:

**G. Signatures**

Referrer's signature:		Client's signature:	
Ref. print name:		Client print name:	
Date:		Date:	

**Please complete section I**

## H. Additional information

Please use this space to continue any answers:

## I. Database Consent

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

### Waiting Times Information - Database Consent Form

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.

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.

If you have no objection to this statement please indicate your approval by ticking the relevant box and signing below:

Consent to FULL RECORD

Consent to ANONYMOUS RECORD

Signature:

Date:

**Please complete and return by post to the address below or by email to [Lynda.Grzesinski@crossreach.org.uk](mailto:Lynda.Grzesinski@crossreach.org.uk)**



The Church of Scotland  
Social Care Council

Operating as CrossReach, Scottish Charity No: SC011353

### Beechwood House

69/71 Old Perth Road  
Inverness  
IV2 3JH

Tel: 01463 711335

Fax: 01463 711544

Email: [beechwood@crossreach.org.uk](mailto:beechwood@crossreach.org.uk)

[crossreach.org.uk](http://crossreach.org.uk)



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