

**South Ayrshire NHS START (South Ayrshire Treatment and Recovery Team)
Referral Form**



Referrals can be emailed via secure email account:

Clinical_AddictionServices-SouthAyrshire@aapct.scot.nhs.uk

<p><u>Patient Details</u></p> <p>Name: _____</p> <p>D.O.B: _____</p> <p>CHI. No: _____</p> <p>Address: _____</p> <p>_____</p> <p>Tel. No: _____</p> <p>Mobile. No: _____</p> <p>NOK (Relationship) _____</p> <p>Contact No: _____</p> <p>Is patient aware of this referral and consented to referral?</p> <p>YES <input type="checkbox"/> / NO <input type="checkbox"/></p> <hr/> <p><u>Referrer Details</u></p> <p>Name: _____</p> <p>Job Title: _____</p> <p>Service/Organisation: _____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>Tel. No: _____</p> <p><u>Date of Referral</u> _____</p> <p><u>Name of worker taking referral details</u></p> <p>_____</p>	<p><u>GP Practice</u></p> <p>GP Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Tel. No: _____</p> <p><u>Is GP aware of referral?</u></p> <p>YES <input type="checkbox"/> / NO <input type="checkbox"/></p> <p>(For all Detox Referrals: Please advise GP of referral)</p> <hr/> <p><u>Type of Intervention</u></p> <p><input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs</p> <p><input type="checkbox"/> MAC Clinic:</p> <p>Area</p> <p><input type="checkbox"/> Ayr/Coalfields <input type="checkbox"/> Girvan/Maybole</p> <p><input type="checkbox"/> Prestwick/Troon</p> <p><input type="checkbox"/> Alcohol Detoxification</p> <p><input type="checkbox"/> Opiate Detoxification</p> <p><input type="checkbox"/> Relapse Management</p> <p><input type="checkbox"/> Other Intervention</p> <p>Appointment: _____</p> <p>Pharmacy: _____</p>
<p>Current Substance(s) (amounts, type)</p> <p>_____</p> <p>_____</p> <p>Average daily intake - how often, units, volume?</p> <p>_____</p> <p>_____</p>	

How is substance(s) being taken?

Oral

Smoking

Injecting

Any prescribed medication relevant to this referral (include dose)? (If yes, please give details)

YES / NO

Any current or previous mental health problems? (If yes, please give details):

YES / NO

Any previous input from NHS (If yes, please give details):

RECOVERY

What addiction support does the person wish to assist with their recovery?

What is the individuals recovery aims/aspirations and within what timescales?

Any additional risk, (history of aggression or violence) For example is it unsafe for lone worker to visit at home

YES / NO If no, please give details of Justice input, prison, court orders

Is individual or partner pregnant? (please give details if yes)

YES / NO

Living with own/partner's children. Please give details (DOB, School, Social Work involvement) if yes

YES / NO

Any additional support needs e.g. – Language interpreter required, vision impairment, hearing impairment, sign language interpreter required:

Any further relevant information – (e.g. any involvement with other services) please detail: