



North Ayrshire Drug and Alcohol Recovery Service Referral Form

Client Details:

First Name:		Surname:		DOB/CHI:	
Gender:		GP Practice:		CareFirst No:	
Address:					
Post Code:		Phone No:			
Next of Kin	Name:		Contact Number:		
	Relationship:				

Self-referral:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is client aware of referral and given consent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Intervention Type	Drug <input type="checkbox"/>	Alcohol <input type="checkbox"/>

<u>Brief description of current substance misuse: (Dose, frequency and route)</u>
<u>How long has this been a problem?</u>

Reason for Referral/recovery goal:	
<input type="checkbox"/> Opiate Substitution Therapy	<input type="checkbox"/> BBV/Sexual Health
<input type="checkbox"/> Alcohol Detox	<input type="checkbox"/> Social work assessment and support
<input type="checkbox"/> Harm Reduction/Advice Injecting equipment provision (needle exchange)	<input type="checkbox"/> Psychosocial intervention
<input type="checkbox"/> Non-Fatal Overdose follow up support	<input type="checkbox"/> Other (specify below)

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North Ayrshire Council NHS Ayrshire & Arran TSI North Ayrshire Scottish Care

Are there any other services involved? Yes No
 If 'yes' please provide details:

Is there a current risk assessment/care plan? Yes No
 If 'yes' please provide details:

All referrals to NADARS will also be given the option to be contacted by the Prevention, Early Intervention And Recovery (PEAR) Service, please seek agreement to share the client's information and provide information on PEAR's family/carer interventions.
 Does the client consent to their details being shared with PEAR? Yes No

Dependent children living/accessing home environment? Yes No

Date of Birth of Children:

Is the client pregnant? Yes No
 If yes, please mark the referral as 'Urgent'

Relevant information for appointments:
 Is there a day or time that would not suit to come for assessment?

Do you have internet access for video calling? Yes No

Any additional support needs (e.g language interpreter, visual impairment, hearing impairment, sign language) Yes No
 (If yes, please attach or provide details)

We encourage you to invite someone to attend with the individual or you; support from a family member, carer, friend or advocate at appointments can be helpful.

Name:		Designation or Relationship:	
Contact details:		Date of Referral:	

On completion please email the form to aa.clinicaladdictionservices-northayrshire@aapct.scot.nhs.uk or post to Caley Court Resource Centre, Moorpark Road West, Stevenston KA20 3HU.
 For urgent referrals please phone to discuss on 01294 476000

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