

Richmond Community Drug and Alcohol Services

Please return to: RCDAS.Referrals@slam.nhs.uk

RCDAS, Unit 2, Ilex House, 94 Holly Road, Twickenham, TW1 4HF

1. Referrer Details (all sections must be completed and the form sent by post or email to WCDAS)			
Referrer name		Referrer location and address	
Referrer telephone/FAX		Referral date	
Have you spoken to this person and gained their consent for this referral to be made			
2. Client Details			
Client Name		Date of birth	
Client address		Nhs Number	
		Telephone	
Postcode		Mobile	
3. Accommodation			
Accommodation problem (tick as appropriate)	<input type="checkbox"/>	No accommodation problem	<input type="checkbox"/>
		NFA urgent need	<input type="checkbox"/>
Gender at Birth	Male	Current Gender	Male
	Female		Female
			Transgender
			<input type="checkbox"/>
			<input type="checkbox"/>
4. Substance use- Substances used, Amounts if Known, Frequency if known, Any Specific Concerns			
5. Any other relevant information (please include a clinical summary and copies of any recent blood tests.)			
6. Risk Assessment (please tick as appropriate)			
Substance related risk-Specify:	<input type="checkbox"/>	Psychological health risk-Specify:	<input type="checkbox"/>
			Physical health risk-Specify: <input type="checkbox"/>
Offending risk-Specify:	<input type="checkbox"/>	Risk of harm from others-Specify:	<input type="checkbox"/>
			Risk of harm to others-Specify: <input type="checkbox"/>
Domestic violence- Victim or Perpetrator	<input type="checkbox"/>	Social risk	<input type="checkbox"/>
			Sexual health risk <input type="checkbox"/>
Accommodation risk	<input type="checkbox"/>	Sexual exploitation	<input type="checkbox"/>
			Risk of neglect <input type="checkbox"/>
Safeguarding children	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>
			Safeguarding adults <input type="checkbox"/>
Other(please state)	<input type="checkbox"/>		

Continue on separate sheet as required. Please attach any relevant supporting information