**Kent substance user referral form**

24hr phone number: 0300 123 1186

**Email:** eastkent@forwardtrust.org.uk

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| **Thank you for referring your patient/client. Kent has two different providers of adult substance misuse services: cgl in West Kent and The Forward Trust in East Kent.** | | | | | **Client** |
| o Mr  o Mrs  o Miss  o Ms  Other: | First name: | | | D.O.B: | |
| Surname: | | | Age: | |
| Address and Postcode | | | Telephone number: | | |
| Mobile number: | | |
| NHS Number: | | |
| Email address: | | | | | |
| **Substance of choice & Details of use** E.g How much, how often | | | | | |
| **How does the patient/client wish to be contacted**  Phone / TEXT / Letter  Other…… | | | | | |
| **Who’s referring :** | | **GP SURGERY:** | | | |
| Please attach GP summary: | | | | | |
| **Other Important relevant Information**  Please detail any physical and/or mental health concerns, any safeguarding concerns (e.g children) or details any recent incidents that may have led to the referral. | | | | | |

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| **Please complete if referring for someone else:**  **Referrer details:**  Name and job title:  Service:  Preferred means of contact:  Does the person know you are referring them? o Yes o No  Do they want to be referred? o Yes o No  Would you like feedback on the outcome of this referral? o Yes o No |

**PLEASE SEND COMPLETED FORM TO**: [rapt.sittingbourne@nhs.net](mailto:rapt.sittingbourne@nhs.net), [rapt.canterbury@nhs.net](mailto:rapt.canterbury@nhs.net) [rapt.dover@nhs.net](mailto:rapt.dover@nhs.net), [rapt.margate@nhs.net](mailto:rapt.margate@nhs.net) or [rapt.ashford@nhs.net](mailto:rapt.ashford@nhs.net), depending on the client’s location.