![Forward Trust_logo_RGB[1]]()**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 Mro Mrs o Misso 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 / LetterOther…… |
| **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 NoDo they want to be referred? o Yes o NoWould you like feedback on the outcome of this referral? o Yes o No |

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