**Details of person being referred:**

Phone number 0300 123 1560

**Email:** Theforwardtrust.medway@nhs.net

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Referral Date: |  |
| Date of birth: |  | Age: |  | NHS number: |  |
| Address: |  | Postcode: |  |
| Telephone number: |  | Mobile number: |  |
| Email: |  |
| How does the patient/client wish to be contacted?[ ] Landline [ ] Mobile phone [ ] Letter [ ] Email [ ] Other  |
| What is the patient/client availability for appointments? |

|  |
| --- |
| **Details of substance misuse:** E.g. heroin (injected), crack (smoked), alcohol (oral) |
|  |
| **Please attach GP summary**  |
| **Known risk to others (if any):** Eg. No lone working, no female workers |
| **Other important relevant health information** |

**Details of person/organisation making referral:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Role: |  |
| Organisation: |  |
| Telephone no: |  |
| Email: |  |

**Criminal Justice Referral requirement(s):**

|  |  |
| --- | --- |
| Order Type: | [ ] ATR [ ] DRR [ ] LICENCE [ ] SSO [ ] CO |
| Length of engagement required: | From: To: |
| CJLDS |  |  |
| Offences: |  |
| Allocated officer: |  |
| Is drug treatment a **condition** of their order/licence? | [ ] Yes [ ] No |

|  |
| --- |
| Does the person know you are making a referral? o Yes o NoDo they want to be referred to Southend on Sea Service and consent to share information? o Yes o NoWould you like feedback on the outcome of this referral? o Yes o No |