|  |
| --- |
| **Service User Details** |
| Name: | Forename: Preferred Name: | Surname:  |
| Address: |  |  |  |
|  | Tel: |  |
|  | Postcode |  |  |  |
| Date of Birth: |  |  |  | Gender: |  |
| OK to contact by: | Phone | Mobile | Text | Letter | E-mail | Other (Please state) |
| Tick if OK – leave blank if not |  |  |  |  |  |  |
| Is service user aware referral being made (Y/N) |
| **Referrer Details** |
| Name: |  | Referral Date: |  |
| Organisation: |  | Position: |  |
| Address: |  | Tel: |  |
|  |  | E-mail: |  |
| **Brief Summary of Substance-Related Needs** |
|  |
| **Support / Access Needs e.g. Disability, Interpreter** |
|  |
| **Presenting Risks e.g. Self-injury, Risks to Others, Children, Mental & Physical Health (PLEASE ATTACH any relevant information)** |
|  |
| **Is the service user on a DRR, IMPACT or IRIS offender or has been recently released from prison on licence – medium to higher risk only (PLEASE ATTACH any relevant information)**

|  |  |
| --- | --- |
| DHI offers buddying support from trained peers to anyone who wants to access treatment. Would you be happy for one of our peers to contact you? |  |

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| **Please post to DHI, Brunswick Court, Brunswick Square, Stokes Croft, BS2 8PE****OR****Email:** **roads@dhi-online.org.uk****Secure Email:** **roads@dhi-online.org.uk.cjsm.net****(Sender must have a CJSM email to send to secure email address)****Assessment Related Enquiries: 0117 440 0540** |