

## Referral/Self Registration into Specialist Services

<b>Client Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Contact Number</b>	
<b>Email address</b>	
<b>GP name</b>	
<b>GP Address</b>	
<b>Preferred way to be contacted</b>	
<b>I “Client name ” consent to referral to Horizon drug and alcohol service</b>	<b>Signature..... Print</b>
<b>Main substance of misuse</b>	
<b>Quantity of substance used?</b> E.G. Units of alcohol per day / Cannabis joints per day / Gram of heroin etc	

<b>Check List</b>			
Pregnant		Safeguarding Concerns	
Domestic Violence		Injecting drug use	
Mental Health conditions / symptoms		Physical health conditions / symptoms	
Risk of self-harm or suicidal thoughts		Seizures	
Hallucinations		Learning Disabilities	
Alcohol more than 40 units daily		Aggression/Violence	
Referral for detox		Probation	
Would you be interested in talking to someone about Horizons employment support service? Yes/No			
Consent to Outreach	Yes      No		

<b>Additional Information (Please expand on any risks indicated on the checklist)</b>
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<b>Name of Referrer</b>	
<b>Contact details</b>	
<b>Date of Referral</b>	
<b>Response to Referrer</b>	

<b>Send via Post</b>	Horizon, Connect Building , 102 Dickson Road, Blackpool FY1 2BU
<b>Via Email</b>	<a href="mailto:HorizonReferrals@delphimedical.co.uk">HorizonReferrals@delphimedical.co.uk</a>
<b>Via Fax</b>	01253 340 109
<b>Telephone</b>	01253 205156