# Example referral form

***Please ensure that the client has an informed understanding of confidentiality and has consented to the sharing of his/her data with the community provider***

***This form should be emailed to the community provider using a secure email method***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of referral** |  | **Name of referrer** |  |

**Client details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Client full name** |  | **Date of birth** |  |
| **Initial reception date** |  | **Release/ court date** |  |
| **Address on release** |  | **Local authority of release** |  |
| **Telephone number/s** |  | **Email address** |  |

**Prison – transferring provider details**

|  |  |
| --- | --- |
| **Prison name** |  |
| **Treatment provider (organisation)** |  |
| **Contact name** |  |
| **Telephone number** |  |
| **Secure email address (eg CJSM)** |  |

**Community – receiving provider details**

|  |  |
| --- | --- |
| **Treatment provider (organisation)** |  |
| **Contact name** |  |
| **Address** |  |
| **Telephone number** |  |
| **Secure email address (eg CJSM)** |  |

**Community Rehabilitation Company (CRC) / National Probation Service (NPS) details**

|  |  |
| --- | --- |
| **Contact name** |  |
| **Organisation name** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Licence condition to attend drug treatment appointment** | |  |  |  | | --- | --- | --- | | **Yes** | **No** | **Unknown** | |

**Client information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Status** | |  |  |  | | --- | --- | --- | | **Remand** | **Sentenced** |  | |
| **Primary substance** | |  |  |  | | --- | --- | --- | | **Cocaine** | **Crack** | **Heroin** | | **Methadone** | **Cannabis** | **Amphetamines** | | **Benzodiazepines** | **Ecstasy** | **NPS** | | **Alcohol** | **Other:** | |  | |
| **Method of use** | |  |  |  | | --- | --- | --- | | **Smoke** | **Inject** | **Oral** | | **Sniff** | **Other** |  | |
| **Additional problem substances**  **(please list)** |  |
| **Injecting status** | |  |  |  | | --- | --- | --- | | **Currently** | **Previously** | **Never** | |
| **GP name** |  |
| **GP address** |  |
| **Housing need (if yes give details)** | |  |  | | --- | --- | | **Yes** | **No** |   **Details:** |
| **Mental health need/ learning disability (if yes give details)?** | |  |  | | --- | --- | | **Yes** | **No** |   **Details:** |
| **Physical health need, including pregnancy (if yes give details)?** | |  |  | | --- | --- | | **Yes** | **No** |   **Details:** |
| **Has the client been provided with naloxone?** | |  |  | | --- | --- | | **Yes** | **No** | |

**Treatment received in prison**

|  |  |  |
| --- | --- | --- |
| **Pharmacological treatment** | | |
| **Clinical interventions – check all that apply (if ‘other’ provide details):** | | |  |  |  | | --- | --- | --- | | **OST maintenance** | **OST reduction** | **OST re-induction** | | **Alcohol detox** | **Benzodiazepine**  **detox** | **Other** |   **Details:** |
| **Detox complete** |
| **Has client been issued with an FP10?** | | |  |  | | --- | --- | | **Yes** | **No** | |
| |  |  | | --- | --- | | **Current prescribing - medication** | **Dosage** | |  |  | |  |  | |  |  |   **Any further information:** | | |
| **Psychosocial** **treatment** | | |
| **Received** | |  |  | | --- | --- | | **Yes** | **No** | | |
| **Details of interventions/any further information:** | | |

|  |
| --- |
| **Any other notes:** |

I agree to the information above being shared with the community treatment provider specified on this form for the purpose of the continuity of my care. I agree to the community treatment provider specified confirming my attendance with the substance misuse team at HMP [*Insert prison name*].

|  |  |
| --- | --- |
| **Signed (client)** |  |
| **Date** |  |
| **Name of Worker** |  |

***If the client has not been able to sign this form due to early release please confirm that they have consented to the sharing of this information with the community provider by ticking this box***