



Date of Referral

CHI Number

Nebula Number

Contact by letter

☐

Telephone

☐

Both

☐

Name of service user.....

Male

☐

Address.....

Female

☐

.....

D.O.B

Post Code.....

Ethnicity

Permanent or temporary address?

Telephone Landline..... Mobile.....

E mail address

Name of Referrer.....

Agency.....Telephone number.....

GP (Name, practice and number).....

Other contact/next of kin name & telephone number

Has person given consent for referral?

Yes / No

Has person used service before?

Yes / No

Are you happy to be contacted by someone from our services should you fail to attend your appointment? Yes / No

What is the person's main substance used?

Amount and frequency

Length of use

What other substances are used?

Amount and frequency

Length of use

Injecting yes no

Prescribed medication

What does the person want from the service?

**Does the person have or is the person in regular contact with children?
Are there any child protection concerns? (Enter ages and names of children)**

Can we contact A4C to discuss referral?

Is person in contact with other agencies? (Which ones + level of contact)

Physical and mental health (any medical risk i.e. seizure activity, self harm)

**Is there anything we should know about risk? Is there an existing risk
assessment? Criminal convictions/statutory orders (agency referral)**

Any other relevant information

DO THEY HAVE ANY CONNECTION WITH ARMED SERVICES Yes/No/Don't know

Access needs/disability/literacy

We are with you and Borders Addiction Service share a referral and assessment process.
If appropriate, your details may be transferred between services to ensure you get the
most appropriate help

Do you consent to your information being stored on Daisy?
Daisy is a Scottish Government database.

Form completed by.....