

Family Drug & Alcohol Service Professional Referral Form



FAMILY DETAILS: Please list the details of all family members including parents, children and others					
SURNAME	FIRST NAME	D.O.B	ADDRESS, <u>POSTCODE</u> & <u>TELEPHONE NUMBER</u>	RELATIONSHIP (Mum, Dad, Son, Daughter)	DRUG/ALCOHOL PROBLEM
					Substances used:
					Substances used:
					Substances used:
					Substances used:
Outline impact of substance use on parenting ability, including concerns for children's welfare: <i>please note substance, when used, supervision/safety issue, emotional impact, DV, mental health, supervision of the child.</i>			Category of risk: (please select) <input type="checkbox"/> Children not under EHA (early help assessment) <input type="checkbox"/> Open to EHA/MAT/Fam visitor/TAF <input checked="" type="checkbox"/> Children Identified as 'Child in Need' <input type="checkbox"/> Children open as Child Protection <u>Name of the identified social worker</u> <u>Telephone number</u>		
History of Aggressive Behavior If yes please describe in detail			Any Mental Health issues If yes please describe:		

GP Name: Address Fax: No:	Name of Referrer: Position: Address Email: Tel No:
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Current Medication: Other Agencies Involved: Probation? IDVA/ Housing? School? - Any other? ...	Ethnic Group: Is English First Language? Is Interpreter needed Any history of Domestic Violence If yes please describe.
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Consent for referral:

Has client agreed to being referred to Aquarius	YES
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(Referral will only be accepted if client has been informed and has consented to referral)

Referrer's Signature: Date:	Date Received by Aquarius: Illy No:
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