Welcome to change, grow, live

Referral Form

What would you like to achieve by engaging with us?

How did you hear about the service?	Date of referral:

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other:	First name: Surname:	D.O.B: Age:

Address and Postcode:	District: ☐ Ashfield ☐ Mansfield ☐ Bassetlaw ☐ Newark and Sherwood ☐ Broxtowe ☐ Rushcliffe ☐ Gedling
Telephone number:	Mobile number:

Email address:

NHS Number:

Gender: What gender do you currently identify as? ☐ Male ☐ Female ☐ Prefer not to say If you prefer to use your own term please provide it here:	**Relationship:** ☐ Single ☐ With a partner ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Civil Partnership ☐ If you prefer to use your own term please provide it here:	**Sexual Orientation:** ☐ Gay Women/Lesbian ☐ Gay Man ☐ Bisexual ☐ Heterosexual ☐ Unsure ☐ Prefer not to say If you prefer to use your own term please provide it here:
Nationality: ☐ British ☐ Indian ☐ Pakistani ☐ Irish	☐ Jamaican ☐ Polish ☐ French ☐ Bangladeshi ☐ Latvian	☐ Lithuanian ☐ Russian ☐ German ☐ Other If other please provide details:
Ethnic Origin: ☐ White British ☐ White Irish ☐ Other White ☐ White & Black ☐ Caribbean ☐ White & Black African	☐ White & Asian ☐ Asian/Asian British Indian ☐ Asian/Asian British Pakistani ☐ Asian/Asian British Bangladeshi ☐ Asian/Asian British Other ☐ Other Mixed ☐ Black/Black British Caribbean	☐ Black/Black British African ☐ Other – Chinese ☐ Traveller/Gypsy ☐ Other If other please provide details:

Religion: ☐ Baha'i ☐ Pagan ☐ Buddhist ☐ Sikh ☐ Christian ☐ Zoroastrian ☐ Hindu ☐ Other ☐ Jain ☐ None ☐ Jewish ☐ Prefers not to say ☐ Muslim ☐ Unknown	**Language:** Do you require an interpreter? ☐ Yes ☐ No Do you require support through a British Sign Language Interpreter? ☐ Yes ☐ No

Do you consider yourself to have a disability? ☐ Yes ☐ No
If yes please provide details:

Employment Status:

☐ Regular employment
☐ Student
☐ Unpaid work (voluntary)
☐ Homemaker
☐ Retired
☐ Long term illness
☐ Ex Armed Services
☐ Unemployed (receiving no benefits)
☐ Unemployed (seeking work)
☐ Other

Accommodation Status:

☐ Problem with Housing
☐ No housing problem
☐ Homeless
Please provide details:

Smoking Status:

☐ Current ☐ Previous ☐ Never

Currently pregnant: ☐ Yes ☐ No ☐ Unsure
Partner currently pregnant: ☐ Yes ☐ No ☐ Unsure

Next of Kin: (we will only contact his person in a case of an emergency)

Do you consent to us sharing information with this person? ☐ Yes ☐ No

Drug and/or Alcohol Use

Main substance of choice:

Age First Used:

How do you use:
☐Inject
☐Sniff
☐Smoke
☐Oral
☐Other

How often do you use?

How much do you use?

How much do you spend a week on this substance?

Second substance of choice:

Age First Used:

How do you use:
☐Inject
☐Sniff
☐Smoke
☐Oral
☐Other

How often do you use?

How much do you use?

How much do you spend a week on this substance?

Third substance of choice:

Age First Used:

How do you use:
☐Inject
☐Sniff
☐Smoke
☐Oral
☐Other

How often do you use?

How much do you use?

How much do you spend a week on this substance?

Alcohol Use:

Do you drink alcohol?
☐ Yes
☐ No
☐ Previously

At what age did you first drink alcohol?

If yes how often do you drink alcohol?
☐ Daily
☐ Weekly
☐ Monthly
☐ Less than monthly

When was the last time you had a drink of alcohol?

Do you use Novel Psychoactive Substances (Legal/Illegal Highs)
☐ Yes
☐ No
☐ Previously
If yes please list:

Do you use any volatile substances? (Gas, Glue, Aerosols)
☐ Yes
☐ No
☐ Previously
If yes please list:

Do you use Steroids or any other image/performance enhancing drugs? ☐ Yes ☐ No ☐ Previously If yes please list:	Do you use any over the counter medications (such as Co-codamol, Paracetamol)? ☐ Yes ☐ No ☐ Previously If yes please list:

Injecting:

Have you ever injected drugs:
☐ Never injected
☐ Previously injected
☐ Currently inject

If you have previously injected drugs:
At what age did you first inject?

Have you injected in the last 28 days?
☐ Yes
☐ No

Have you ever shared injecting equipment?
☐ Yes
☐ No

Have you shared injecting equipment in last 28 days?
☐ Yes
☐ No

Have you ever allowed someone else to inject you?
☐ Yes
☐ No

Criminal Justice:
Are you currently working with Criminal Justice Services (e.g. police, probation, prisons)?
☐ No **If no please go to next section**
☐ Yes
If yes, what prompted the contact?
☐ Required Assessment Imposed Following Positive Test
☐ Conditional Cautioning
☐ Required by Offender Management Scheme/DRR/ATR
☐ Voluntary – Following Cell Sweep
☐ Following Referral by Treatment Provider (Post Treatment)
☐ Rehabilitation Activity Requirement (RAR)
☐ Restriction On Bail
☐ Pre-Sentence Report
☐ Voluntary – Following Release From Prison
☐ Voluntary – Other
☐ Requested By Offender Manager
☐ Other

What is the date of the event that prompted your contact with criminal justice services?

What is the offence?

If you have recently been released from prison, what date were you released and from which prison?

Offender Management Schemes / Orders:
☐ Integrated Offender Management (IOM)
☐ Prolific and Priority Offender (PPO)
☐ Restriction on Bail (ROB)
☐ Required Activity (RA)
☐ Multi-agency Public Protection Arrangements (MAPPA)

If you are completing this form for yourself you don't need to do this section:
Referrer details:
Name and job title:
Agency:
Preferred means of contact:
Is the person you are referring motivated to engage in this service? ☐ Yes ☐ No
Please comment:

Would you like feedback on the outcome of this referral? ☐ Yes ☐ No

Please return this referral to **notts@cgl.org.uk**
Secure email address: **Nottinghamshire.cgl@cgl.cjsm.net**