****Referral Form** – **Aigburth Drive**

***(Please complete all sections with as much***

***Information as possible- incomplete referrals will be returned without consideration)***

# Section A: client details

**Date of referral**: Click here to enter a date.

**Client name:** Click here to enter text.

**Client date of birth:** Click here to enter a date.

**National Insurance number:** Click here to enter text.

**Current Address:** Click here to enter text.

**Contact number**: Click here to enter text.

**Gender:** Click here to enter text.

**Please describe your sexual orientation:** Choose an item.

**Please provide last two years of your housing history:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date from: | Date to: | Address: | Reason for leaving: |
|  |  |  |  |
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# Section B: Referrer details

**Name:** Click here to enter text.

**Organisation:** Choose an item.

Other- please specify: Click here to enter text.

# Section C: Your Support

**Do you require support to attend your assessment:** Yes  No

**Are you registered with a GP:** Yes  No

Please give details: Click here to enter text.

**Do you require support in any of the following areas:**

Finances:  Please specify: Click here to enter text.

Household tasks:  Please specify: Click here to enter text.

Neighbour relations/ settling in:  Please specify: Click here to enter text.

Physical / mental health:  Please specify: Click here to enter text.

Looking after yourself:  Please specify: Click here to enter text.

Medication compliance:  Please specify: Click here to enter text.

Offending:  Please specify: Click here to enter text.

# Section D: Your Harm Reduction Needs

**Are you currently drinking alcohol:** Yes  No

Please specify what you are drinking and how often: Click here to enter text.

**Are you currently using drugs:** Yes  No

Please specify what drugs you are using, how often and by what method: Click here to enter text.

**Are you trying to manage your substance use:** Yes  No

Please provide further information regarding this: Click here to enter text.

# Section E: Keeping Yourself and Others Safe

**Are you currently involved with the criminal justice system or probation:** Yes  No

Please specify and provide necessary contact details: Click here to enter text.

**Are you subject to any of the following:**

Licence:

Bail conditions:

Anti-social behaviour order:

ASBO/ CrASBO:

**Have you ever been convicted of a criminal offense:** Yes  No

Please specify details: Click here to enter text.

**In particular are there any risks around the following:**

Arson:

Risk to Children:

Risk to lone workers:

Firearms:

**Is there anything else you feel is important to mention:** Click here to enter text.

# Section F: Consent

**Is client aware referral is being made:** Yes  No

**Has consent been given to send referral:** Yes  No

**Referrer signature:** Click here to enter text. **Date:** Click here to enter a date.

**Once complete, please send to** [**referrals@livharmreduction.org.uk**](mailto:referrals@livharmreduction.org.uk)

*If the referral is deemed suitable, you will be invited to an assessment within 14 days. If the management team feel the referral is not appropriate, we will contact you to discuss within 14 days.*