|  |  |
| --- | --- |
| **Client Name:****Client Phone Number:****Client Email/Referral Email:** |  |
| **DOB:**  | **Age:**  |
| **Regrettably, our recovery project cannot accept individuals with sex offenses or arson-related convictions.****Thank you for your interest in our project.** |
| **Gender:**(Please Tick) | **Male**  |
| **Female** |
| **Home Address:** |
| **Postcode:**  |
| **Which service do you require?**(Tick which apply) |
| **Addiction Recovery** (Alcohol and other drugs) |  |
| **Mental Health Recovery** |  |
| **Homeless Housing**  |  |
| **Prison Number:**(If Applicable) | **NI Number:** |
| **Date of Referral to ABT:** |  **/ /** | **Part of the call back****Support Worker Check List****(Office Use Only)** |
| **Referred By:** **(Please Tick)** | **Primary Addiction:** **(Please Tick)** |
| **Offender Management** |  | **Opiate** |  | Sex offenses – Arson? |  |
| **Drug/Alcohol Services** |  | **Non-opiate** |  | Psychiatrist - MH Team? |  |
| **Non-Drug/Alcohol Services** |  | **Non-opiate and Alcohol** |  | IOM - Probation – TAG? |  |
| **NHS/Health** |  | **Alcohol Only**  |  | Script - DEPO - Meds? |  |
| **Self-Referral** |  | **Opiate and Alcohol** |  | Home area - UK residency?  |  |
| **Returning Client** |  |  |  | [Benefits Entitlement](https://www.gov.uk/browse/benefits/manage-your-benefit)? |  |
| **Details of Referral**(e.g., NHS) |  |
| **General Information and support needs**(e.g., Working with CMHT)**Including Medical Conditions, Mental Health and any possible triggers** |  |

|  |
| --- |
| **Medication Information:****(e.g. Methadone)**Include any over-the-counter medication |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Past History of Addictions:**(I.e. date of onset, diagnosis, treatments, admissions) |
|  |
| **Criminal Offending History:** |
| **Offence:** | **Date:** | **Length of Sentence:** |
|  |  |  |
| **Do you receive any benefits?**(Including PIP and Housing) |
| **Name of Benefits:** | **Details:** |
| **Additional Information:** |
|  |