

Your alcohol and drug treatment charity

Please indicate which branch you want your patient/client to attend and return to same. by **post or fax**

Addiction NI
 40 Elmwood Avenue
 Belfast BT9 6AZ
Telephone No. (028) 9066 4434 Fax (028) 90664090

Addiction NI, 219 Albertbridge Road
 Belfast BT5 4PU
Telephone No. (028) 9073 1602 Fax No (028) 460979

Addiction NI, 461 Falls Road
 Belfast BT12 6DD
Telephone No (028) 9033 0499 Fax (028) 90247805

Name and Address of Person Referring

Telephone No.

Patient/Client Details

Title		Date of Birth	
Surname		Home Telephone No	
Forename		Mobile Telephone No	
Address		Gender	
Postcode			

Reason for Referral:

Relevant history of Alcohol/Drug Abuse

Has the person received previous treatment for an Alcohol/Drug problem Yes No

If so, where?

Dates

Present Medication (if any)

Allergies (if any)

Other Relevant Information

Would you like to be kept informed of: Progress Yes No Attendance: Yes No

Signature of person referring: _____ Date: