

**OLDER FOCUS REFERRAL FORM
IN CONFIDENCE**



Your alcohol and drug treatment charity

Addiction NI
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Belfast
BT5 4UP

Telephone No: (028) 90 731602
Fax No: (028) 90 460979
Email: olderfocus@addictionni.com
www.addictionni.com

Name and Address of Person Referring Telephone No.
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Client Name.....D.O.B.....

Address.....

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Client Contact Number.....

Next of Kin.....

Address.....

Relationship to client.....

Contact Tel No.....

Reason for Referral.....

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Client contact with other services e.g. Psychiatry, Social Services, Mental Health Services

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Addiction NI is a trading style of Northern Ireland Community Addiction Service Ltd,
a company registered in Northern Ireland No. 12654 Charity No. XN45132

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Alcohol/Drug Misuse

Has the person received previous treatment for an alcohol/drug problem?

YES NO

If so please give details, including In-Patient and Community Detox.

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GP Name.....

Address.....

Telephone Number.....

Medical Conditions

Physical Health

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Mental Health

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Present Medication

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Any Other Relevant Information

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	YES	NO	DON'T KNOW
History of Suicide Attempts			
Suicidal Ideation			
Deliberate Self Harm			
History of substance related withdrawal symptoms, seizures, DT's etc.			
History of violence towards others			
Lives with others with a history of violence			
Vulnerable to abuse by others			
Social Isolation			
Self Neglect			
History of Criminal Offences			

If you have ticked Yes to any of the above please give further details.

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Would you like us to keep you informed of progress

Would you like us to keep you informed of attendance

(Disclosure of this information will be subject to client's consent)

Signature of person

referring.....Date.....

YES

NO