

Self-Referral Form for Patients requesting psychosocial support for alcohol treatment

First name		Family name	
Address		DOB	
		Telephone numbers	
Post Code		Referral date	
Referrer's name, status, address and phone (if not the patient)		GP name, address and phone number	

Current problem

Details of problem: quantity of alcohol consumed, duration of problem etc

Previous treatment (service used, when, treatment received, outcomes)

What does patient want? What is their motivation for change?

Other information

Alcohol Services in Essex

Use this referral form if you

- are still drinking more than 7.5 units per day (for men) and more than 5 units per day (for women) 2 weeks after an initial assessment with your GP
- do not have physical withdrawal symptoms
- do not need to either stop drinking straight away or stop drinking completely. If you want to stop drinking completely or straight away contact the services without this form.

Send direct to the relevant service. You can also phone to refer/discuss referrals.

Tick Service requested:

<input type="checkbox"/> 9 Oxford Road [North East Essex CCG area] 9 Oxford Road, Colchester Essex CO3 3HN Tel: 01206 546854/503490 Email: phoenix9oxfordroad@ntlworld.com	<input type="checkbox"/> ADAS [West Essex CCG area] 118-124 The Stow Harlow, Essex CM20 3AS Tel: 01279 438716 / 641347 Email: admin@adasuk.org
<input type="checkbox"/> CHOICES Service delivered by Open Road and EYPDAS (Essex Young People's Drug & Alcohol Service) [Mid Essex CCG area] Mansard House, 107 – 109, New London Road, Chelmsford, Essex, CM2 0PP	<input type="checkbox"/> SYNERGY [Basildon&Brentwood/Castle Point &Rochford CCG areas] 14 Chapel Street, Billericay, Essex CM12 9LU Tel: 01277 655662 Email: admin@synergyaddiction.com



BASILDON AND BRENTWOOD CCG
 CASTLEPOINT AND ROCHFORD CCG
 MID ESSEX CCG
 NORTH EAST ESSEX CCG
 WEST ESSEX CCG



Tel: 0844 499 1323 Email: www.openroad.org.uk

PATIENT RECORD: THIS MUST BE FILLED IN AND STAMPED BY THE APPROPRIATE SERVICE AT EACH ATTENDANCE.

SESSION AND NOTES	DATE AND STAMP
INITIAL ASSESSMENT	
INTERVENTION 1	
INTERVENTION 2	
INTERVENTION 3	
INTERVENTION 4	
INTERVENTION 5	
INTERVENTION 6	
GP APPOINTMENT	
PHARMACY DISPENSING *	
PLEASE FILL AS APPROPRIATE	
PLEASE FILL AS APPROPRIATE	
PLEASE FILL AS APPROPRIATE	
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*NOTE TO PHARMACIST: NO DISPENSING IF PATIENT IS NOT ATTENDING STRUCTURED INTERVENTION SERVICE.