



**4 Identification of drug/alcohol problems**

Drug used	Daily amount* or SAU **	Frequency	Route	Source

\*In # or weight \*\* Standard alcohol unit

Drug list			
1	Alcohol	9	Ecstasy
2	Amphetamine	1	Hallucinogens
		0	
3	Antidepressant	1	Heroin
		1	
4	Barbiturate	1	Methadone
		2	
5	Benzodiazepine	1	Opiate other
		3	
6	Cannabis	1	Solvents
		4	
7	Cocaine	1	Heroin/ crack together
		5	
8	Crack Cocaine	1	Other
		6	

Frequency	
1+	More than once a day
1	Daily
W	Weekly
M	Monthly
OC	Occasional

Route	
IV	Injecting vein
IS	Injecting Skin
IM	Injecting muscle
IH	Inhale
O	Oral *
S	Sniffed
SM	Smoked
OTH	Other

Source	
GP	Prescribed by GP
TS	Prescribed by drug or alcohol service
OP	Other prescribed
PL	Purchased legally
SI	Street illicit
P+I	Prescribed + illicit
OT	Other

\* Tablets or liquid

**Client view of main problem**

**Identification of related issues, specific risk and priority need ( Delete as needed)**

• Mental Health*	• Homeless	Comments
<ul style="list-style-type: none"> <li>• Physical Illness*</li> <li>• Young Person (Under 18)</li> <li>• Pregnant woman</li> <li>• Injecting drug use</li> <li>• Child/ren may be in need</li> </ul>	<ul style="list-style-type: none"> <li>• Outstanding legal **</li> <li>• Current self harm</li> <li>• Harm to others</li> <li>• Physical disability</li> </ul>	

If client pregnant please give due date:

\*Current ill-health requiring medication or intervention. \*\* Please give details, i.e. court date/ warrant notice

**Current services attended/ engaged with**

Community Mental Health Homeless person agency Drug/ alcohol agency Day programme Child and Family Specialist health clinic Other	Comments and duration of engagement

**Client consent (Please tick as needed)**

	YES	NO
I consent to this referral being made		
I consent to details of the referral outcome sent to the referrer		
I can be contacted by letter at home		
I can be contacted by telephone or mobile		
I can be contacted via the referring agency only		

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Clients will be contacted within 3 working days of receipt of referral. Referrer will be notified of referral outcome within 7 working days.

# London Borough of Westminster Drug and Alcohol referral Acknowledgement letter

Dear

Thank you for your referral  
to.....

Client name / reference number.....

Date of referral .....

The outcome of your referral is:

**1 Referral to other services**

Accident + Emergency service

Mental Health Services

Other drug treatment

Criminal Justice service

Homeless person services

other

**Name of service**.....

**Contact details**.....

**2 Placed on waiting list**

**3 Triage assessment for further treatment**

**Date of triage assessment**.....

Name of allocated key-worker, Case-manager/ named nurse	
Contact details	

**4 other outcome**

Comments.....