Safer Sutton Partnership Service

Substance Misuse Referral Form

Completing this form can help you decide the severity of someones drug or alcohol problems and what to do next. The information is also designed to help any specialist service you may make a referral to. Please complete the form by ticking the most appropriate boxes, if some questions seem to personal please leave the box blank. At the end of each section add up the points and referral to the scoring table.

Agency Name		**Date**	

Personal Information

First Name		**Surname**	
Address			
		Telephone	
Gender	☐ Male ☐ Female	**Date of Birth**	

Ethnicity

☐ White British	☐ White Irish	☐ White Other
☐ Black/ Black British Caribbean	☐ Black/ Black British African	☐ Black/ Black British Other
☐ Asian/ Asian British Indian	☐ Asian/ Asian British Pakistani	☐ Asian/ Asian British Bangladeshi
☐ Asian/ Asian British Other	☐ Chinese	☐ White/ Black Caribbean
☐ White Black African	☐ White/ Asian	☐ Other

Section One Drug/ Alcohol Use — **Total Score**

a) Drug/ Alcohol Use		b) Injecting		c) Drug Type	
Score	Options	Score	Options	Score	Options
0	No drug/ alcohol use	0	Never injected	0	No drug Use
1	Occasional drug/ alcohol use	3	Previous history of injecting	2	Cannabis/ Ecstasy/ Amphetamines/ LSD/ Cocaine Powder/ Alcohol
2	Regular drug/ alcohol use or bingeing	5	Currently Injecting	5	Opiates (Heroin)/ Crack Cocaine/ Any Illicit Drug & Alcohol
d) Intoxification		**e) Contact with drug users**		**f) Family**	
Score	Options	Score	Options	Score	Options
0	No drug/ alcohol use	0	No drug using friends	0	No known family drug/ alcohol misuse
1	Drug/ alcohol use without loss of consciousness or aggression	1	Has some friends that use drugs and some that don't	2	Known drug/alcohol use among close family
2	Drug/ alcohol use with a) loss of consciousness or b) aggression	2	All friends use drugs		

Section Two Social Situation/ Behaviour — **Total Score**

a) Living Situation		b) Social Support System		c) Occupation	
Score	Options	Score	Options	Score	Options
0	No problems with accommodation	0	Has supportive relationships with more than 1 adult	0	In full time education / employment
1	Problems with accommodation	1	Has supportive relationships with 1 adult	1	Absences from education/ employment
2	Homeless	2	Has no supportive relationships with adults	2	Excluded/ unemployment/ disability benefit
d) Criminal Involvement		**e) Sexual Behaviour**		**f) Other**	
Score	Options	Score	Options	Score	Options
0	No criminal involvement	0	Appropriate safer sexual behaviour	6	Child protection concerns
1	Minor criminal involvement (shoplifting /possession)	2	Inappropriate unsafe sexual behaviour	6	
2	Involved in Criminal Justice System or more serious offences	5	Commercial sex or abusive sexual relations		

Section Three General & Psychological Health			Total Score	
a) General Health			b) Psychological Health	
0	Person reports no significant health problems		0	No psychological problems
1	Dental problems		1	Low self-esteem
1	Sleep problems		5	Eating disorder/ marked change in eating
5	Severe sleep problems		5	Frequent bouts of unhappiness/ depression
5	Chronic fatigue		5	Self harm
10	Accidental overdoses		5	Severe anxiety/ panic attacks
10	Fits/seizures		5	Aggressive behaviour
10	Extreme weight loss		10	Paranoia
10	Blackout and/ or memory loss		10	Hallucinations
10	Pregnant		10	Suicide risk/ recent suicide attempt

Scoring Table					
Section 1 Drug/Alcohol Use		Section 2 Social Situation		Section 3 General & Psychological Health	
Score	Options	Score	Options	Score	Options
0-4	Consider giving drugs information	0-1	Low risk for developing a drug/ alcohol problem	0-4	Low risk for developing a drug/ alcohol problem
5-6	Consider seeking advice from other drug service	2-5	Medium risk for developing a drug/alcohol problem	5-9	Medium risk for developing a drug/ alcohol problem
7+	Consider referring to drug services	6+	Higher risk for developing a drug/ alcohol problem	10+	Higher risk for developing a drug/ alcohol problem

Referral Information For Non Drug/Alcohol Specialist Service

Has the person been informed of the referral for assessment? ☐ Yes ☐ No

Has the person consented to the referral? ☐ Yes ☐ No

Is the client being prescribed any psychoactive mediation? ☐ Yes ☐ No If Yes _____

GP Name and Address

Address			
		Telephone	
Referrer's Name		**Referrer's Agency**	
Agency Address			
		Telephone	

Drug & Alcohol Treatment Providers Available to Sutton Residents						
Community Drug Services For South London	Address	20 Woodcote Road, Wallington, Surrey SM6 0NN				
	Services Provided	Advice & Information, Needle Exchange, Counselling, Group work, Open Access, Helpline				
	Opening	Mon 10am-9pm, Tues 10am-6pm, Wed 10am-9pm, Thurs 10am-9pm, Fri 10am-6pm, Sat 10am-3pm				
	Telephone	020 8773 9393	**Fax**	020 8773 9296	**E-mail**	c.d.service@talk21.com
Kaleidoscope	Address	40-46 Cromwell Road, Kingston upon Thames KT2 6RN				
	Services Provided	Advice & Information, Needle Exchange, Specialist Prescribing				
	Opening	Clinic Mon & Wed 6.30pm-8pm; Drop-in Mon-Fri 2pm-5pm				
	Telephone	020 8549 2681	**Fax**	020 8547 0228	**E-mail**	info@kaleidoscopeproject.org.uk
Community Alcohol Team	Address	White Lodge. Springfield Hospital, 61 Glenburnie Road, London SW17 7DJ				
	Services Provided	Advice & Information, Specialist Prescribing, Counselling, Group work, Aftercare				
	Opening	Mon-Fri 9am to 5pm				
	Telephone	020 8682 6931	**Fax**	020 8682 6937	**E-mail**	Not Currently Available
Equinox Substance Misuse Service	Address	30a High Street, Sutton, Surrey SM1 1HF				
	Services Provided	6-10 week abstinence-based Day Programme				
	Opening	Mon-Fri 9.15am-4.45pm				
	Telephone	020 8770 0014	**Fax**	020 8642 8909	**E-mail**	stairways@asfsl.equinoxcare.org.uk
Sutton Community Drug Team	Address	1st Floor, Cheviot House, Sutton Hospital, Cotswold Road, Sutton, Surrey SM2 5NF				
	Services Provided	Advice & Information, Specialist Prescribing, Counselling, Group Work.				
	Opening	Mon-Fri 9am to 5pm				
	Telephone	020 8296 4489	**Fax**	020 8296 4116	**E-mail**	Not Currently Available