

Oxfordshire Roads to Recovery
Referral Form



oxfordshire@turning-point.co.uk

Fax: 01865 261 699 Tel: 01865 261 690 SPOC: 0300 0134 776

Referral By:..... Tel No: Date

Address.....

Service User Details:

Full Name:.....M / F

Date of Birth

Do you give your consent for us to contact your previous treatment provider for information on your treatment with them; YES / NO (If YES please complete details of provider under heading "Health Concerns" on page 2)

Service User
Address.....

.....Post Code:.....

Can be contacted at this address: Yes / No

Telephone Number:..... Can be contacted by phone: Yes / No

Details of Current Substance Use:

Primary Problem Substance:.....Route.....

Secondary Problem Substance:.....Route.....

Tertiary Problem Substance:.....Route.....

GP Name.....GP Surgery.....

.....

Details of Prescribed Medication:

Drug:.....Prescribed By:.....

Drug:.....Prescribed By:.....

Drug:.....Prescribed By:.....

Service Users Perception of Problem:

.....

Reason for Seeking Help Now & Service Users Expectation of Service:

.....

Risk Assessment:

Dependants:

Names & Ages of Children:

Children Living With:

Is the Service User Pregnant: Yes / No

If Yes: Due Date.....

Any Concerns (including **Social Services** involvement):

Health Concerns:

Current or past **mental health, self harm, suicidal behaviour/ideation** and **overdose**

Details of previous service provider:

Current or past **physical health** concerns:

Social/Housing Concerns:

(Including vulnerable to abuse by others)

Current Legal:

Comments:

Referral Received By:

Actioned Dated

Service user information will be stored locally on secure Turning Point information systems to ensure all referrals are managed effectively.