



111 Stokes Croft, Montpelier, Bristol BS1 3RW
Telephone/Fax: 0117 9444955
Mobile: 0793 2691729 www.topdrawerproperties.co.uk

Referral Form

Name of person applying:

Date of birth:

Address:

Telephone number:

Email address:

Please note that *Emerge* is only able to house single people without dependents living with them.

Is this a self-referral? (Please circle your answer) **Yes** **No**

If no, please print name and contact details of referrer and confirm that the applicant is aware of the referral.

Name of person referring:

Address:

Telephone number:

Email address:

Do you have dependency issues around alcohol? **Yes**

No

Do you have dependency issues around drugs? **Yes**

No

Are you currently taking any prescribed medication? **Yes**

No

If yes to any of these questions, have you had any previous treatment or periods of abstinence? Please give details.

Please note that we are unable to consider referrals from those on scripts over 40ml methadone/day.

Do you have any outstanding court cases?

Yes No

Do you have any previous convictions?

Yes

No

If yes, please give brief details.

Do you need support to develop your skills in any of the following areas?

| | | |
|---|-----|----|
| Ability to address substance misuse issues | Yes | No |
| Managing your physical health | Yes | No |
| Managing your mental health | Yes | No |
| Communication skills | Yes | No |
| Education, training or volunteer work | Yes | No |
| Goal-setting | Yes | No |
| Developing and repairing personal relationships | Yes | No |
| Daily living skills | Yes | No |
| Parenting or childcare | Yes | No |

Please tell us how you found out about *Emerge*:

Post or fax your Referral Form to: 111 Stokes Croft, Montpelier, Bristol BS1 3RW
Telephone/Fax: 0117 9444955



CONFIDENTIAL RISK SCREEN

Please enter: Y for Yes, N for No (leave blank if unknown)

Risks Specific to Substance Misuse

| <u>Drug Use</u> | Past | Current | <u>Injecting Behaviour</u> | Past | Current |
|--|------|---------|--|------|---------|
| Naïve drug user | | | Regular injector | | |
| Recent loss of tolerance/detoxification/period of abstinence | | | Uses high-risk sites (e.g. neck, groin) | | |
| Regular injector | | | Poor injecting practice | | |
| High level use | | | Injects in public places | | |
| Injected by others | | | Shares injecting equipment | | |
| Uses alone | | | Other (specify) | | |
| Polydrug/alcohol use | | | <u>Alcohol</u> | | |
| Seeking oblivion | | | Frequent intoxication | | |
| Previous accidental overdose | | | Frequent withdrawals | | |
| Previous intentional overdose | | | Blackouts | | |
| Other (specify) | | | Liver damage (e.g. cirrhosis, hepatitis) | | |

General Risk Factors

| <u>Suicide & Self Harm</u> | Past | Current | <u>Risk from Others</u> | Past | Current |
|---------------------------------|------|---------|--|------|---------|
| Suicide attempt | | | Sexual/physical abuse | | |
| Suicide intent/plan | | | Emotional abuse | | |
| Non-life threatening self harm | | | Vulnerable to exploitation | | |
| Hopelessness/helplessness | | | Neglect from others | | |
| Other (specify) | | | Significant threats of abuse from others | | |
| <u>Risk to Others</u> | | | <u>Risk to Children</u> | | |
| Any previous violence | | | Threats to harm a child | | |
| Previous serious violence | | | Expressed concern about risk to children | | |
| Previous non-violent offences | | | Women Only – Pregnancy? | | |
| Threats to specific persons | | | <u>Self Neglect</u> | | |
| Possession of dangerous weapons | | | Neglects eating/poor nutrition | | |
| Arson | | | Physical health neglect | | |
| Poor anger control | | | Other self-care problems | | |
| Violent fantasies | | | Accident-prone | | |
| Other (specify) | | | Other (specify) | | |

| <u>Additional Risk Factors</u> | Past | Current | <u>Social Risk Factors</u> | Past | Current |
|--|-------------|----------------|---|-------------|----------------|
| Serious mental health problems | | | Recent discharge from hospital/other transition between services or location | | |
| Serious physical illness/disability | | | Homelessness/recent or imminent loss of housing | | |
| High-risk sexual activity | | | Significant debts | | |
| Risk of loss of contact | | | Problems with employment | | |
| Other (specify) | | | Conflict in personal relationships | | |