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| **DDAS Referral Form 2023/2024. –** please return referrals to **confidential@d-das.co.uk** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | Click or tap to enter a date. | | | | | | Palbase ID | | | | | | | | | | | Click here. | | GP | | Click here. | | | | | | | | | | | |
| NHS Number | | Click here. | | | | | | Referral Type | | | | | | | | | | | CJ | |  | | Generic | | | |  | | Family | | | | |  |
| **Service User Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Click here. | | | | | | | | | | | Date of Birth | | | | | | | | | | Click here. | | | | | | | | | | | |
| Gender | | Choose an item. | | | | | | | | | | | Ethnicity | | | | | | | | | | Choose an item. | | | | | | | | | | | |
| First Language | | Click here. | | | | | | | | | | | Translator Required? | | | | | | | | | | Yes | | | |  | | | No | | |  | |
|  | | | | | | | | | | | | | Welsh Speaker? | | | | | | | | | | Yes | | | |  | | | No | | |  | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile | | Click here. | | | | | | | | | | Other Contact Number (s) | | | | | | | | | | | | | Click here. | | | | | | | | | |
| Email Address | | | | | | | | | Click here. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Address | | Click here. | | | | | | | | | | | | | | | | | | | | | Post Code | | | | Click here. | | | | | | | |
| Preferred Contact Method | | | | | | | | | | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | |
| Service User Availability for appointments | | | | | | | | | | | | | | | | | Click here. | | | | | | | | | | | | | | | | | |
| **Referrer Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | Click here. | | | | | | | | | | | | | | | | Service | | | | Click here. | | | | | | | | | | | | | |
| Contact Number | Click here. | | | | | | | | | | | | | | | | Email | | | | Click here. | | | | | | | | | | | | | |
| Feedback Required? | | | | Yes | |  | No | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reasons for Referral** (Consider Referral type: Generic, Criminal Justice, Concerned Other) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please confirm that the service user has capacity and consents to referral being completed.** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | |  | | | **No** | |  |
| *Please provide information on substances being used, any Criminal Justice Orders, and for Concerned Others, whether the Loved One is in treatment and what substance is being used.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Naloxone Kit needed? | Yes | |  | | | Open Access Discussed | | | | | Yes | | |  | | | EMS Discussed | | | | Yes | | |  | | Harm Reduction Required | | | | | Yes | | |  |
| No | |  | | | No | | |  | | | No | | |  | | No | | |  |
| **Other Agencies Involved** (Consider Prescribing Services, Housing Support, CPN or other Mental Health Agencies, Social Services) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click here. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the service user care for any children or vulnerable adults under the age of 18? | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | No | |  | | |  | | | |
| Are substances locked away safely?  **\*Offer Lockbox where appropriate** | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | No | |  | | |  | | | |
| **Relevant Risks** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suicide Attempts\* | | Yes | | |  | | Historic | | | | |  | | | Click here. | | | | | | | | | | | | | | | | | | | |
| No | | |  | | Recent | | | | |  | | |
| Risk to Staff\*\* | | Yes | | |  | | Historic | | | | |  | | | Click here. | | | | | | | | | | | | | | | | | | | |
| No | | |  | | Recent | | | | |  | | |
| Self-Harm\*\*\* | | Yes | | |  | | Historic | | | | |  | | | Click here. | | | | | | | | | | | | | | | | | | | |
| No | | |  | | Recent | | | | |  | | |
| Homeless/NFA | | Yes | | |  | | Historic | | | | |  | | | Click here. | | | | | | | | | | | | | | | | | | | |
| No | | |  | | Recent | | | | |  | | |
| \*EMS Information to be provided. \*\*Highlight Risk to Staff by providing Risk Assessment with referral.\*\*\*Discuss self-harm or signpost/highlight with relevant service. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Criminal Justice (ROSH to be submitted with all CJ Referrals)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any current Criminal Justice involvement, which might include a recent arrest, pending charges or any pending court appearances? | | | | | | | | | | | | | | Yes\* | |  | | No | |  | | \*Please provide further information below | | | | | | | | | | | | |
| Offence 1 | | | | | | | | | | | | | | Click here. | | | | | | | | | | | | | | | | | | | | |
| Offence 2 | | | | | | | | | | | | | | Click here. | | | | | | | | | | | | | | | | | | | | |
| Current Order and Duration | | | | | | | | | | | | | | Click here. | | | | | | | | | | | | | | | | | | | | |
| Offender Manager/Probation Officer | | | | | | | | | | | | | | Click here. | | | | | | | | | | | | | | | | | | | | |
| **Further Services by DDAS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [turnback.cymru](https://www.turnback.cymru/) – Poly Drug Overdose Campaign and Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [spikeonabike.cymru](https://www.spikeonabike.cymru/) – Fast, Free and Life Saving NEX Equipment, delivered to your door. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [Itsinourblood.co.uk](https://www.itsinourblood.co.uk/) – Dyfed Blood Borne Virus Information & Testing HUB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |