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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 |