



SELF REFERRAL

Community Addiction Recovery Service (CAREs)

Name: Address: Post Code:	D.O.B: / / CHI: _ _ _ _
	Preferred Tel No: (This is important as it will help staff to contact you to get an appointment.)

GP:	Surgery:
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Details of your children and any other children that you have significant caring responsibilities for under the age of 18:

Reason for referral:

ALCOHOL

What do you drink?	
How much do you drink?	
How many days a week do you drink this way?	
How long have you been drinking this way?	
What do you want to do about your drinking? e.g stop completely or reduce?	

DRUGS

What do you use?	
How much do you use?	
How many days a week do you use?	
How long have you been using?	
How do you use? e.g smoking / snorting / injecting?	

PLEASE TURN OVER

Do you have any physical and/or mental health issues?

To allocate your referral to the most appropriate service, it is very important for you to complete this form as accurately as possible.

Lanarkshire Alcohol & Drug Service and South Lanarkshire Council's Substance Misuse Team have merged to form the new Community Addiction Recovery Service (CAREs). Once we have received your referral we will contact you and discuss the most appropriate service that will meet your needs.

Please include details here, of how you would like us to contact you:

Mobile:

Home Telephone Number:

Letter:

Please make sure that you include your preferred contact method within this section

Date Referral Completed:

RETURN TO :

Community Addiction Recovery Service (CAREs)

Douglas Street Community Health Clinic

19 Douglas Street

Hamilton

ML3 0BP

NHS Lanarkshire and South Lanarkshire Council take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please ask a member of staff for a copy of our Data Protection Notice.