

PLEASE NOTE: All sections marked with * are mandatory and must be completed before submitting a referral to GDAS. Please email referrals to info@gdas.wales and for any queries please contact us on 0333 999 3577



GDAS Drug & Alcohol Service Referral

For Internal Use Only

Initial Assessment Location, Date & Time:

Date and Time Referral Received:

Worker taking Referral:

Palbase Number:

Method: SPOC/phone/email/letter/walk-in/other

Initial recommended pathway:

SERVICE USER DETAILS

* Name:			
* Date of Birth:			
Nicknames / Alias:			
* Address (including Postcode and Borough of Residence):		Consent to contact?	
* Mobile Number and/or Home Number:		Consent to contact?	
Other Number:		Consent to contact?	
Email Address:		Consent to contact?	

Details of PERSON MAKING REFERRAL (if different to above)

Name of referrer:	
Telephone Number:	
Email Address:	
Agency:	
Address:	
* Has the individual consented to a referral to GDAS?	Yes/No

Socio-economic Details					
*Ethnicity:					
*Primary Language:					
Req. Welsh medium?					
Issues with literacy?					
Disabilities or Neurodivergent conditions? (If yes please give details)					
Relationship status (delete as applicable):	Single / Married / Co-habiting/ In a relationship – not cohabiting / Separated / Divorced / Widowed / Other (please specify)				
*Gender & Sexuality:					
*Dependents or pregnant (please enter the information for each child):	Child's Name	DOB	Age	Who do they live with	Name of Social Worker (please complete as N/A against each child if appropriate)
	<p>Do you currently live with anyone under the age of 18?</p> <p>Are you currently pregnant (if yes please confirm your expected due date):</p> <p>Are you responsible for any dependant adults:</p>				
*Employment Status (delete as applicable):	Regular employment /Pupil or Student/ Unemployed (not seeking work)/ Unemployed (seeking work) / Economically inactive (PIP, ESA, Retired, etc) /Other (please give details)				
*Accommodation (delete as applicable)	No fixed abode – lives on streets / No fixed abode – sofa surfing / Settled / Supported housing / Temporary accommodation (please specify) / Other (please give details).				

	Who do you live with?:
Armed Forces (current/prior):	

All About Me	
Reason for referral: How is drug/alcohol use affecting you?	
What type of treatment/service are you seeking?	
*Primary substance: (name of drug/how many days a week or a month do you use / how much do you use a day / do you use orally, inject, sniff, etc)	
*Secondary substance: (name of drug/how many days a week or a month do you use / how much do you use a day / do you use orally, inject, sniff, etc))	
*Tertiary substance: (name of drug/how many days a week or a month do you use / how much do you use a day / do you use orally, inject, sniff, etc)	
Previous support for drugs/alcohol?	
Do you feel there are any barriers which may prevent you from engaging fully with GDAS? (please specify) (Childcare, female/male worker, level & frequency of support)	

How would you prefer your GDAS appointments to take place? (please delete as applicable)	In person at a GDAS office / via video call / by phone/ via online courses / other (please specify):
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Health	
*GP Name & Practice:	
Is your GP currently aware of your drug/alcohol use?	
NHS Number (if known):	
<p>Do you have any current physical or mental health concerns. If yes please give details:</p> <p>To what extent would you say your mental health is affecting your day to day life?</p>	
*Are you currently receiving support from Mental Health Services? (if yes please give details)	
<p>* Are you currently having or have you ever experienced thoughts of suicide or self-harm?</p> <p>Please confirm any details of intentional overdose (approx dates, substance, were you admitted to hospital?)</p>	
* Please confirm any details of accidental overdose (approx dates, substance, were you admitted to hospital?)	
*Are you currently receiving treatment for any	

Blood Borne Viruses (Hep B, Hep C, HIV, STI's)?	
Do you have a prenoxad kit? (opiate use only) (Check in date)	

Criminal Activity	
Do you have any current/pending involvement with Crown or Magistrates Court/Police/Probation Service? (if yes please give details)	
Have you recently been released from prison?	

CONTINUE TO RISK SECTION UNLESS CRIMINAL JUSTICE SERVICES – COMPLETE ADDITIONAL SECTION BELOW FOR CRIMINAL JUSTICE (Please do not use this form for DRR/ATR referrals)

Criminal Justice additional information			
Offender Manager:			
Offence date/details: (offence within the past 6 months for CJ Criteria)		Order start date:	
		Order end date:	
Case admin:		Date of requirement:	
		Date referral sent:	
Type of order/supervision (please tick)			
<input type="checkbox"/> RAR	Number of sessions required for RAR:		
<input type="checkbox"/> Supervision Order	<input type="checkbox"/> Licence/PSS	<input type="checkbox"/> Suspended Sentence / Community Order	

MAPPA (If yes, please give details)	<input type="checkbox"/>	
MARAC: (If yes, please give details)	<input type="checkbox"/>	
IOM / WISDOM (If yes, please give details)	<input type="checkbox"/>	
Short Term Sentencing Team (STST)	<input type="checkbox"/>	
OASys information attached?	<input type="checkbox"/>	<i>Please send with referral</i>

FOLLOWING SECTIONS TO BE COMPLETED BY ALL

Risks	
<p>Have you ever been a victim of domestic abuse/violence (please give details)?</p> <p>Do you feel anyone would consider themselves at risk from you?</p>	
<p>Have you ever struggled to control your feelings of anger which has led to conflict in a relationship?</p> <p>Would you be interested in receiving support with this in a group setting?</p>	
<p>Any further Risk information regarding self or to others</p>	

Emergency Contact/Next of Kin	
<p>Name, Relationship, Telephone Number and/or address</p>	

Additional Notes

Please add any additional information which you feel may be relevant: