 

St Johns Court, Ainsworth Street Blackburn, BB1 6AR Tel:01254 495014 (24hrs a day) Please send completed forms to: BWD@calico.org.uk

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| **Client Name (Specify pronoun)** |  |
| **Gender** | **M ☐ F ☐ Other (please state)** |
| **Date of Birth** |  |
| **Address (Flat/House Name)** |  |
| **Contact Details** | Mobile | E-Mail |
| **Next of Kin (ICE)** | Mobile | Relationship | Mobile | Relationship |
| **GP Surgery Details** | Surgery | Phone |
| **Consent for Contact**(tick all relevantmethods) | Phone ☐ Letter ☐ Text ☐ Outreach Team ☐ e-Mail ☐ Other contact ☐ |
| **Substance of misuse** | Main | Other |
| **Quantity and frequency of use** | Main | Other |
| **Alcohol assessments** | AUDIT Score | Risk Level Score | Dependence: |
| **Current Location**(tick) | Hospital ☐ Discharged ☐Community ☐ | Phone: |
| **Other Agencies Involved** | Probation ☐ | Social Services ☐ | Veteran ☐ |
| Contact with other health care professionals☐ | Contact via family or significant other ☐ |
| Checklist (tick) |
| Pregnant | ☐ | Safeguarding issues | ☐ |
| Domestic Violence | ☐ | Injecting drug use | ☐ |
| Mental Health Issues | ☐ | Physical health issues | ☐ |
| Risk of self-harm or Suicide | ☐ | History of seizures / hallucinations | ☐ |
| Probation | ☐ | Learning disabilities | ☐ |
| Alcohol more than 40 units per day | ☐ | History of violence or aggression | ☐ |
| **Further Details:** |
| **Name of referrer** | **Contact** | **Date** |
| **Staff completed** | **Initials** | **Date** |