 



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