

THE SILKWORTH PROJECT - REFERRAL FORM

YOUR CONTACT DETAILS

Applicant Name (required)
First Name _____ Last Name _____

Phone _____ **Email (required)** _____

Date Of Birth (required) _____ **National Insurance Number** _____

Address
Country _____ **Postcode** _____

Address Line 1 _____

Address Line 2 _____

City / Town _____

FAMILY AND LIVING CIRCUMSTANCES

Marital Status _____ **Number of Dependants** _____

Age(s) of Dependant(s) _____

Name of Treatment Centre _____

Referral Agency/Self _____ **Employment Status** _____

ACCOMMODATION

Have you ever lived in a supported housing environment?
 Yes No
If yes, please provide the name and address of where you lived:

Have you ever breached a tenancy agreement?
 Yes No
If yes, please provide details:

Have you ever committed acts of violence against staff or other residents where you were living?
 Yes No
If yes, please provide details:

PHYSICAL HEALTH

Height _____ **Weight** _____

How would you describe your health? (Excellent/Good/Fair/Poor) _____

Do you have any physical impairment, chronic disease or disability?
 Yes No
If yes, please provide details:

Do you require assistance with daily living?
 Yes No
If yes, what type?

Name and address of G.P. (or last seen doctor)

Do you take any prescribed medication?
 Yes No
If yes, please list medication name, frequency, and dosage:

SUBSTANCE MISUSE

Last time you took illicit/non-prescribed drugs _____ **Last time you consumed alcohol** _____

Last time you consumed legal highs _____ **Primary substance** _____

Have you recently left OR are you about to leave a treatment centre?
 Yes No
If yes, please provide name of treatment centre and dates:

Are you currently supported by a substance misuse service?
 Yes No
If yes, please provide service name and contact details:

MENTAL AND EMOTIONAL HEALTH

Have you ever experienced mental/emotional health problems or have diagnoses?
 Yes No
If yes, please provide details:

Have you seen a psychiatrist?
 Yes No
If yes, please provide name and contact details:

Have you been hospitalised due to mental/emotional health?
 Yes No
If yes, please provide details:

Have you had an eating disorder?
 Yes No
If yes, please provide details:

Have you attempted to end your life or are you known to self-harm?
 Yes No
If yes, state amount: self-punishment, release, cry for help, to end life:

PREVIOUS OFFENCES

Do you have a criminal record?
 Yes No
If yes, please provide details:

Have you ever served time in prison?
 Yes No
If yes, please provide the following details: date(s), offence(s), and sentence(s):

Do you have any outstanding warrants?
 Yes No
If yes, please provide details on the issuing Constabulary or Court (including the full address):

Do you have any outstanding court appearances?
 Yes No
If yes, please provide the following details: Date(s), Offence(s), and Court(s):

Have you ever been convicted of a violent offence?
 Yes No
If yes, please provide the following details: Offence(s), Date(s), and Sentence(s):

Have you ever been the victim or perpetrator of domestic violence?
 Yes No
If yes, please provide the following details: Offence(s), Date(s), and Sentence(s):

Have you ever been convicted of a sexual offence?
 Yes No
If yes, please provide the following details: Offence(s), Date(s), and Sentence(s):

Have you ever been convicted of arson?
 Yes No
If yes, please provide the following details: Offence(s), Date(s), and Sentence(s):

Are you currently under any order from a court or supervision? (Prison licence, unpaid work, C.B.O, A.S.B.O etc)
 Yes No
If yes, please provide details including name and telephone number of supervising officer:

Are you currently in custody?
 Yes No
If yes, what is your earliest date of release? (DDMMYYYY)

ADDITIONAL CONTACT (THEIR DETAILS)

First Name _____ **Last Name** _____

Phone _____

PERSONAL STATEMENT

Please write in your own words why you want to come to The Silkworth Project and what recovery means to you:
