



Referral Form (Confidential)

CHART Kirklees; we are an open access, confidential service which supports all individuals 18 years of age and over which supports individuals affected by Alcohol & Substance use in Kirklees.

Referrer's Details

Date of Referral: _____

Referral Agency: _____

Referrer's name: _____

Address: _____

Postcode: _____

Telephone: _____

E mail: _____

Has this client attended CHART Kirklees services before? Yes No

Client Details:

First Name: _____ Surname: _____

Age: _____ D.O.B: _____

Address (c/o): _____

_____ Post Code: _____

Home Tel: _____ Mobile: _____

GP Contact Details:

Registered With GP Yes No

GP Name: _____ GP Surgery: _____

Address: _____

Post Code: _____ Telephone: _____

Identification of Alcohol/Drug Use:

Alcohol/Drug Used	Daily Amount (Units/Grams)	*Frequency	*Route (Oral, injecting, Smoking, Sniffing/Snorting)

If client is currently prescribed substitute medication such as methadone, buprenorphine or Espranor please include proof of medication.

Main Reason for Referral:

(Please provide in depth details as why you want to refer)

Client Consent

PLEASE COMPLETE ALL SECTIONS	Yes	No
I consent for this referral being completed		
I can be contacted via letter at home		
I can be contacted via telephone or mobile		
I can be contacted via the agency referring		
I can be contacted through home visit		

Client Signature:



Please Note: Ensure all boxes are ticked appropriately and must be signed by the client by hand otherwise we will not be able to accept the referral.

Once completed this will need to be either posted, emailed or faxed to the relevant service below

Kirklees.referrals@cgl.org.uk

FAO: CHART Kirklees - CGL

(Choices for Health In Addiction Recovery and Treatment)

Change Grow Live
3 Wellington Street, Dewsbury
WF13 1LY
Tel: 01924 438383

Change Grow Live
12 Station Street, Huddersfield
HD1 1LN
Tel: 01484 353333