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| **N**EXT **S**TEPS IN **R**ECOVERY **S**ERVICE  **Details of person being referred** (\*indicates mandatory fields)  Name \*  Address \*    Phone/s \*  Email  Date of Birth \* NHS No.\*  Or, if this is not known-National Insurance Number \*  Gender (including prefer not to say)  Ethnicity (including prefer not to say)  Is (or has) this person in the justice system? \*  Name of GP Practice\*  In case of emergency contact: |
| Substance(s) presently or historically used:\*  Present use (including abstinent from):\*  Historical use:\*  *(We ask for this information as we do not always discuss a clients substance use if they do not want to but we require this information for our records)* |

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| **Brief background: Please tell us why you are referring this person to the Next Steps in Recovery Service?** \* | | |
| **What change do you/the referred person hope to achieve? (optional)** | | |
| **Are any of the following affecting this person’s recovery?**  (Check as appropriate) | | |
|  |  | Further information if available. |
|  | Diagnosed mental health condition |  |
|  | Perceived poor mental health |  |
|  | Low confidence/self esteem |  |
|  | Physical health |  |
|  | Change in circumstance |  |
|  | Bereavement |  |
|  | Other |  |
| **Are there any other organisations offering support?** \* | | |
| **Risk/ Concerns** \* | | |
| **Referrer details** (person who we can update about this individual)  Name\*  Role\*  Organisation\*  Address:  **How we can keep you updated**\* (please provide at least one point of contact)**:**  Phone: | | |

Once completed please send to [nextsteps@lincolnshirecvs.org.uk](mailto:nextsteps@lincolnshirecvs.org.uk)