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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. |
|[x]  Diagnosed mental health condition |  |
|[ ]  Perceived poor mental health |  |
|[ ]  Low confidence/self esteem |  |
|[x]  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