



Part of Safer Birmingham Partnership

Birmingham Alcohol Services Referral Form

(Please see attached for further notes on completion of this form)

Option A A-Team Brief Intervention and Motivational Work (For Harmful/Hazardous Drinkers) Audit Score less than 19	Option B Aquarius (Complex needs) and/or Community Alcohol Nursing Team (Community Detox) (For Dependent Drinkers) Audit Score more than 19
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(Please insert '✓' next to the service you require)

A- Team <input type="checkbox"/>	Aquarius <input type="checkbox"/>	Community Alcohol Nursing Team <input type="checkbox"/>	Date of Referral <input style="width:100%;" type="text"/>
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Name of Referrer <input style="width:95%;" type="text"/>	Contact Number of Referrer <input style="width:95%;" type="text"/>
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Title: <input style="width:80%;" type="text"/>	DOB: <input style="width:80%;" type="text"/>	Ethnicity: <input style="width:95%;" type="text"/>
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First Name: <input style="width:95%;" type="text"/>	Surname: <input style="width:95%;" type="text"/>	NHS Number: <input style="width:95%;" type="text"/>
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Address: <input style="width:95%;" type="text"/>	Telephone Number: <input style="width:95%;" type="text"/>
	Mobile Number: <input style="width:95%;" type="text"/>
	Preferred Method of Contact <input style="width:95%;" type="text"/>
	Relationship Status: <input style="width:95%;" type="text"/>
Postcode: <input style="width:95%;" type="text"/>	Living Alone? <input type="checkbox"/> Yes <input type="checkbox"/> No

Accommodation Status: <input style="width:95%;" type="text"/>	Is Client Aware of Referral Yes <input type="checkbox"/> No <input type="checkbox"/>
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Next of Kin Details: <input style="width:95%;" type="text"/>	GP Name and Address: <input style="width:95%;" type="text"/>
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Telephone Number: <input style="width:95%;" type="text"/>	Telephone Number: <input style="width:70%;" type="text"/> Fax <input style="width:30%;" type="text"/>
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Current Physical and Mental Health Issues	Past Physical and Mental Health Issues
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Current Medication	How Much is the Person Drinking and How Often?
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
	Audit Score <input style="width:95%;" type="text"/>

Was Alcohol Primary Reason for Presentation at Surgery? Yes No

Previous Contact with Alcohol Services Yes No Unsure

Number of Hospital Presentations In Last Year	<input type="text"/>	Number of Hospital Admissions in Last Year	<input type="text"/>
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Illicit Drug Use Yes No

If Yes please give details:

Interpreter Needed Yes No

If Yes please give details:

History of Risk Behaviour Yes No

If Yes please give details:

Risk From Others (Partner Etc) Yes No

If Yes please give details:

(Please include recent blood results if referring for detoxification)

If Referral is to Nursing Team: Previous Detoxification	<input type="text"/>	Are You Willing to Prescribe For Home Detoxification	<input type="text"/>
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Other Relevant Information: E.g Other Teams Involved, CMHT, CDT, Social Services, Probation, Disabilities

Service Contact Details

For Brief Interventions and Motivational Work
 A-Team
 113 Griffins Brook Lane,
 Bournville,
 Birmingham
 B30 1QN
 Tel 0121 475 8885 Fax 0121 475 9018



For Complex Needs and Community Detox
 Aquarius and Community Alcohol Nursing Team:
 236 Bristol Road,
 Edgbaston,
 Birmingham
 B5 7SL
 Tel 0121 414 0888 Fax 0121 414 1222



Birmingham and Solihull NHS
 Mental Health NHS Foundation Trust

Detox Queries
 Tel 0121 301 3902 Fax 0121 301 3901