



Service User Details							
Name:	Forename: Preferred Name:			Surname:			
Address:				Tel:			
	Postcode						
Date of Birth:					Gender:		
OK to contact by:	Phone	Mobile	Text	Letter	E-mail	Other (Please state)	
Tick if OK – leave blank if not							
Is service user aware referral being made (Y /N)							
Referrer Details							
Name:				Referral Date:			
Organisation:				Position:			
Address:				Tel:			
				E-mail:			
Brief Summary of Substance-Related Needs							
Support / Access Needs e.g. Disability, Interpreter							
Presenting Risks e.g. Self-injury, Risks to Others, Children, Mental & Physical Health (PLEASE ATTACH any relevant information)							
DHI offers buddying support from trained peers to anyone who wants to access treatment. Would you be happy for one of our peers to contact you?						(Y /N)	
<p>Please Fax this form to the Community Recovery Service: 0117 9166 593 OR post to Brunswick Court, Brunswick Square, Stokes Croft, BS2 8PE Email: roads@dhi-online.org.uk Secure Email: roads@dhi-online.org.uk.cjism.net Assessment Related Enquiries: 0117 440 0540</p>							