withyou
at Chy

With You at Chy Referral Form

Welcome to WithYou at Chy. We know that taking the step to enter residential rehabilitation can feel like a significant journey, and we are here to support you.

This form helps us understand your strengths, your health, and your individual support needs so we can create a safe, welcoming environment for your recovery. Please complete all sections as fully as possible with your referrer.

Referrer details:

Date of referral:		
Name of referrer:		
Referrer contact details:	Phone number:	Email:
Referrer Service:		
Funding Arrangements	Has Funding Been Confirmed? Y/N Please provide contact details for invoicing and payment Please provide contact details for the Financial Assessment Team in case we need to contact them for confirmation	

Client details:

Name (& Halo ID if CloS):		Gender:	
DOB:		Age:	
Contact Address:			
Phone number:		Email:	
GP details:		NHS number:	
Next of Kin / Emergency contact details:			
Ethnicity:		Religion:	
Do you consider yourself to have a disability:	Yes / No	Please detail:	
Marital status:		Sexual orientation:	
Employment status:		Are you in receipt of benefits:	

Drug use in the last 28 days (you must be 5 days clean and sober for admission)							
Substance	First choice	Others used	IV	Smoke	Snort	Oral	No. of days per

							week & amount
Alcohol							
Amphetamine							
Benzodiazepine							
Cannabis							
Cocaine							
Crack							
Heroin							
Methadone							
Other							

Drug use history			
Age of first use:		Ever injected?	Yes / No
Ever shared?	Yes / No	Age first injected:	Yes / No
Injected Arms?	Yes / No	Injected Feet?	Yes / No
Injected Hands?	Yes / No	Injected Groin?	Yes / No
Injected Legs?	Yes / No	Injected Neck?	Yes / No
Any other information:			

Alcohol History							
Drink of choice:				Age of first drink:			
Pattern:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Units:							

Morning drinking?	Yes / No	Length of problem drinking:	

Physical Health	
Current Concerns:	
Health History:	
Allergies:	

Prescribed Medication

please note we cannot admit anyone with a prescription of gabapentin/pregabalin, opiates or benzodiazepines
All illicit use must be detoxed prior to admission

Drug	Prescriber	Dose	Route

BBV Status			
	Hep B	Hep C	HIV
Date Tested:			
Result:	Pos / Neg	Pos / Neg	Pos / Neg
Any previous infection:	Yes / No	Yes / No	Yes / No
Hep B vaccination status:	Needs immunisation / Immunised	Needs immunisation / Immunised	Needs immunisation / Immunised

		already / Booster required	already / Booster required	already / Booster required
Vaccination dates:	1st	2nd	3rd	Booster

Sexual Health			
Currently sexually active?	Yes / No	Protection used?	Yes / No
Sex worker status:	Not a sex worker	Selling sex from a premises	Selling sex on the street

Mental Health			
Is there a need for mental health treatment? Describe:			
Dual Diagnosis?	Yes / No	In receipt of treatment?	Yes / No
Which service/professional is providing treatment?			
History of self-harm or suicide?	Yes / No	History of overdose?	Yes / No

Dependants			
Currently pregnant?	Yes / No	Parental responsibility?	Yes / No

How many children live with you?		How many children live with you at least once a week?	
What support are the children receiving?			

Criminal Justice			
Details of activity:	Current:	Pending:	Past:
History of violent offences?		History of sexual offences?	
History of arson?		MARAC involvement?	
Current bail/licence conditions?		Court orders?	

Accommodation			
Current accommodation:		Housing officer involved?	Yes / No
Housing need:	No housing need	Housing problem	NFA - urgent

Plan following Chy:	

Contingency plan for unplanned discharge

Reason for referral

Details of preparation work:

What is your biggest concern?

What do you want to change?

How motivated are you to change?									
1	2	3	4	5	6	7	8	9	10

Please tell us more

How confident are you in making the change?									
1	2	3	4	5	6	7	8	9	10

Please tell us more

Aftercare plan

Please include a G.P Patient Profile with the referral

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