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| **For S**  **Change, grow, live**  **CGL Warwickshire.**  **Please send a referral to :**  **E-fax: 01926 328658**  **Tel: 01926 353513**  **Criminal Justice Referrals:** [**warwickshire.referrals@cgl.cjsm.net**](mailto:warwickshire.referrals@cgl.cjsm.net)  **All other referrals:** [**Warwickshire.Info@cgl.org.uk**](mailto:Warwickshire.Info@cgl.org.uk) **(please ensure the file**  **Is password protected) alternatively use the fax number above**  **Please complete this form in full with as much information as possible.** |  |
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| ReferrAL TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prison  Referral | | DRR Referral | | | | | ATR referral | | Court  Referral | | | Conditional  Caution | | | | PPO/  Testing on Licence | | Required Assessment/Follow up | | | | Children’s Services | | | | Self Referral | | | | GP | | Social  Services | | | | Alcohol Services |
| □ | | □ | | | | | □ | | □ | | | □ | | | | □ | | | □ | | | □ | | | | □ | | | | □ | | □ | | □ | | |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of sentence and court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service User Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Name | | | | |  | | | | | | | | | | | | | | | | | | DOB | | | | |  | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | Telephone | | | | |  | | | | | | | |
| GP Name & Address | | | | |  | | | | | | | | | | | | | | | | | | | GP Tel. No. | | | | |  | | | | | | | |
| DIVERSITY MONITORING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ethnic Origin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White -British | White - Ir Irish | | White -Other | Mixed -White and Black Caribbean | | | | Mixed – White and BlackAfrican | | Mixed – White and Asian | | | Mixed -Other | | Asian or Asian British - Indian | | Asian or Asian British - Pakistani | | | Asian orAsianBritish - Bangladeshi | Asian or Asian British - Other | Black or BlackBritish -Caribbean | | | Black or Black British - African | | | Black or Black British - Other | | | Chinese or other ethnic group - Chinese | | Chinese or other ethnic group – Other | | Not Stated | |
| □ | □ | | □ | □ | | | | □ | | □ | | | □ | | □ | | □ | | | □ | □ | □ | | | □ | | | □ | | | □ | | □ | | □ | |
| Religion | | | | | | | | | | | | | | | | | | | | | | Previously treated | | | | | | | | | | | | | | |
| No religion | Christian | | Catholic | Buddhist | | | | Hindu | | | Jewish | | Muslim | | Sikh | | Atheist/ agnostic | | | Any other religion | Not stated | Yes □ No □ | | | | | | | | | | | | | | |
| □ | □ | | □ | □ | | | | □ | | □ | | | □ | | □ | | □ | | | □ | □ |
| Referral Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Problematic Alcohol use (**including AUDIT score**) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Problematic drug use (including OTC) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Referral source Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referrer’s Name | | | | | | Self-referral | | | | | | | | | | | | | | | | | Telephone | | | | n/a | | | | | | | | | |
| Organisation | | | | | | n/a | | | | | | | | | | | | | | | | | Fax | | | | n/a | | | | | | | | | |
| Address | | | | | | n/a | | | | | | | | | | | | | | | | | Email | | | | n/a | | | | | | | | | |

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| Priorty/risk management | | | |
| Mental Health | Yes □ No □ | Housing/Homeless | Yes □ No □ |
| Child Protection / Children’s Services | Yes □ No □ | Domestic Violence | Yes □ No □ |
| Pregnant | Yes □ No □ | Vulnerable Adult/Safeguarding | Yes □ No □ |
| IV User | Yes □ No □ | Sex Worker | Yes □ No □ |
| Children under age of 5 | Yes □ No □ Children’s Ages................... | Client consent for CGL to contact | Yes □ No □ |
| Any other information (Please indicate any known risks) | | | |
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**For CGL use only**

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| --- | --- | --- | --- | --- |
| Date referral received |  | | | |
| Date of assessment appointment |  | Time of assessment appointment | |  |
| Assessment Worker |  | Office |  | |