



Referral Form

Please complete this referral form, giving as full a picture as possible of applicant. All information is held in the strictest of confidence and will be destroyed if we are unable to offer the applicant a place.

Name of applicant:

Date of birth:

Date of referral:

Name of treatment centre/Counsellor/Keyworker:

Address:

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Telephone:

Email address:

Care Manager/Funder:

Address:

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Telephone:

Email address:

Has funding been confirmed for
treatment at Chandos House? Yes / No

Brief history of your client's use of drugs and/or alcohol?

Which drugs, in what quantity, how frequently & for how long?

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How has the applicant progressed so far?

What has been the focus of this treatment?

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Details of past and current legal situation (if applicable)

Please include forthcoming court appearances, probation or D.T.T.O.

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Give details of any significant family involvement during your client's treatment:

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Is there a psychiatric history?

If so, please supply a medical report.

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Has the applicant presented any behavioural/attitude problems whilst with you?

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Has the applicant been given any therapeutic conditions, warnings or contracts during your work together?

Please give full details

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Does your client have any other requirements that we should be aware of?

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Please provide any other information that you feel is relevant to this referral:

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Signature:.....

Date:.....