

Non-Opiate Team Referral Form

Date of Referral:

Name of Service User:

D.O.B:

Male/Female

Please circle

Service User Contact Number:

Service User Home address:

Service users email address:

Previously in treatment in Lambeth D&A Services:

Yes/No

EPJS NO:-

Please circle

Referrer Name:

Contact number/Email:

Referral Source (Organisation):

Is client aware of referral:

Yes/No

Please circle

Substance/s Used: -(e.g Cocaine/Crack, Alcohol, Cannabis, ChemSex –other Non-opiates). **If heroin please refer to the Opiate Team).**

Frequency and amount:

Date last used:

Prescribed Medication (if any):

If abstinent please refer to the Recovery Services at the Harbour: 0207 095 1980

Any other information-i.e. risks/concerns/access arrangements/childcare/mental/physical health: Please provide BRIEF information:

Please email referral to Dympna.McLaughlin@slam.nhs.uk Tel:07720032311

& Sema.Duyilemi@slam.nhs.uk Tel:07967774892