Bac-In - Referral form



**NOTE:**  You are advised to visit the Bac-In website at <https://www.bac-in.org/> before making this referral. The website has full description of all Bac-in services and will help to ensure that this referral is appropriate to our service.

|  |  |
| --- | --- |
| Please tick to confirm consent has been received from the client for this referral to be made and for BAC-IN to contact them using the information details you have provided below | YES  NO |

|  |  |
| --- | --- |
| **Referral Type:** *(please tick relevant)* | Self  Family  Friend  Professional  Other |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | Click or tap to enter a date. | **Time:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Referrer Details** | |
| **Organisation: (if applicable)** | Click or tap here to enter text. |
| **Full Name:** | Click or tap here to enter text. |
| **Address:**  **Postcode:** | Click or tap here to enter text. |
| **Contact number** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Please provide details of why you are making this referral:**  Click or tap here to enter text. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Details** | | | |
| **Title**  ***(Please circle)*** | Mr  Miss  Mrs  Ms  Other  Click or tap here to enter text. | | |
| First Name: | Click or tap here to enter text. | Surname: | Click or tap here to enter text. |
| Address:  Postcode: | Click or tap here to enter text.  Click or tap here to enter text. | | |
| Tel number: | Click or tap here to enter text. | | |
| Email: | Click or tap here to enter text. | | |
| Please confirm we are able to use the details above to contact the client  YES  NO | | | |

|  |  |
| --- | --- |
| **Date of birth:** | Click or tap to enter a date. |
| **NI Number:** | Click or tap here to enter text. |
| **NHS Number:** | Click or tap here to enter text. |
| **Ethnicity:** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Gender (please tick)** | |
| Male |  |
| Female |  |
| Not known |  |
| Not specified |  |
| Other: |  |

|  |
| --- |
| Are there any risks associated in relation to contacting the client? YES  NO  If yes please provide specify below: |
| Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **GP Details** | | |
| GP Name: | Click or tap here to enter text. | |
| GP Surgery: | Click or tap here to enter text. | |
| Address:  Postcode: | Click or tap here to enter text.  Click or tap here to enter text. | |
| Tel number: | Click or tap here to enter text. | |
| Email: | Click or tap here to enter text. | |
| Is the GP aware of the client’s substance misuse?  YES  NO  Not known | | |
| **Additional Requirements** | | |
| Does the client speak English? | | YES  NO |
| Is the client able to read and write in English? | | YES  NO |
| Is an interpreter required?  (If yes please specify language) | | YES  NO  Specify Language: |
| Does the client have any Physical Disability?  (If yes please provide details of any support requirements) | | YES  NO  Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Substance Misuse** | | | |
| **Substance of choice** | **Drug name** | **Frequency of use** | **Method of use if known (smoke/inject/ingest)** |
| **Primary substance** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Secondary substance** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other substances** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUDIT-C (Please refer to Appendix A for details on unit equations)** | | | | | | |
| **Questions** | **Scoring system** | | | | | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthly  or less | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week | Click or tap here to enter text. |
| How many units of alcohol do you drink on a typical day when you are drinking? | 0 - 2 | 3 - 4 | 5 - 6 | 7 - 9 | 10+ | Click or tap here to enter text. |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | Click or tap here to enter text. |
| **Scoring**  A total of 5+ indicates increasing or higher risk drinking.  An overall total score of 5 or above is AUDIT-C positive. | **AUDIT-C Score** | | | | | Click or tap here to enter text. |

|  |
| --- |
| Use the space below to tell us about anything else you feel is important to know about their drugs or alcohol use |
| Click or tap here to enter text. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Risk Screening** (Please tick relevant) | | | | | | |
| Pregnancy |  | Safeguarding Children / Childcare Concern | |  | Injecting Drug Use |  |
| Physical Health Concerns |  | Safeguarding Adult Concern | |  | Suicide Risk |  |
| Mental Health Concerns |  | Domestic Abuse | |  | In Prison Custody |  |
| Homelessness |  | Other (please specify): | Click or tap here to enter text. | | | |
| Please use this space to tell us about any of the risks/ concerns highlighted above:  Click or tap here to enter text. | | | | | | |

**Please send completed forms to:** [admin@bacin.co.uk](mailto:admin@bacin.co.uk)

**For any queries, please contact us:**

Bac-in Headquarters:

Huntingdon House, 278-290 Huntingdon Street, Nottingham, NG1 3LY

Phone: 0115 9524333 - <https://www.bac-in.org/>

Office use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Date referral received: | Click or tap here to enter text. | Case ID | Click or tap here to enter text. |
| Referral received by: | Click or tap here to enter text. | Role | Click or tap here to enter text. |
| Action: | Click or tap here to enter text. | | |
| Date of initial meeting: | Click or tap to enter a date. | | |

Note: Action: successful, unsuccessful, require initial meeting

Graphical user interface, application

Description automatically generated

**Appendix 1**

Graphical user interface, application

Description automatically generated