



# Drug & Alcohol HSR Prompt Form



## REFERRAL For D&A Accommodation

Name		Date	
Email		Phone	

## DETAILS OF CLIENT

Name							
Age		D.O.B		NINO			
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	If pregnant, due date	
Phone			Mobile				
Email							

## DIVERSITY

Ethnicity		Religion/Beliefs	
Sexual Orientation		How does Applicant define their gender	
Disability details		When did Applicant arrive in Bristol	
Language spoken		Interpreter needed	

**Support Needs:**  Drugs     Alcohol     Addiction (Other)     Remaining Abstinent     Mental Health  
 Managing a Tenancy     Living Independently     Prison leaver/probation/risk of offending

Are you receiving support for any of the above?  Yes  No. If yes please put details below:

## CONTACTS (OTHER PROFESSIONALS)

Name		Phone	
Email			
Name		Phone	
Email			

## ADDRESS HISTORY

**IT IS ESSENTIAL TO ESTABLISH "LOCAL CONNECTION" FOR ANYONE REFERRED; IF IN DOUBT, PLEASE ASK.**

5 Year address history unless already on the HSR, continue on a separate sheet if necessary. If **NFA** be as specific as possible (Eg Sofa Surfing/Rough Sleeping in Hartcliffe) Including Rough Dates. Please include prison date – start and release.

START	UP TO	ADDRESS	TENURE TYPE (council, private, NFA)	REASON FOR LEAVING

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**REASONS FOR REFERRAL? HOUSING SITUATION AND CURRENT CIRCUMSTANCES EVER SLEPT ROUGH? WHAT AREAS DO YOU NEED SUPPORT WITH?**

**EVERYDAY LIVING STRENGTHS – WHAT SKILLS AND STRENGTHS DO YOU HAVE? WHAT AREAS DO YOU NEED SUPPORT WITH? E.G MANAGING MONEY, USING WASHING MACHINE, COOKING, CLEANING, OPENING LETTERS ETC**

**WHAT SUPPORT WOULD BE HELPFUL IN YOU ACHIEVING YOUR HOUSING GOALS? IS THERE ANYTHING ELSE WE NEED TO CONSIDER RELATED TO YOUR HOUSING AND SUPPORT NEEDS?**

Notice To Quit : Yes  No  Date Notice expires

Arrears or debts? Yes  No  How much (roughly)? £

Repayment plan? Yes  No

**WORK/BENEFITS**

Do you work?  Yes  No If yes, how many hours?  Who is your employer?

BENEFIT TYPE	£ PER WEEK

**CATEGORY OF D & A SUPPORT REQUIRED**

**(SELECT ONE OPTION ONLY)**

ACCOMMODATION BASED - D&A PREPARATION (BLOCK 1)

ACCOMMODATION BASED - D&A IN TREATMENT (BLOCK 2)

**DRUG AND ALCOHOL USE (PAST AND CURRENT)**

DRUG/TYPE OF ALCOHOL	HOW MUCH USED/DRUNK ON AVERAGE?	FREQUENCY	LAST USED/DRUNK (Please complete)
Crack			
Heroin			
Alcohol			
Spice			
Cannabis			
Benzos			

Are you on an opiate substitute prescription? Yes  No  If yes:

TYPE	DOSAGE	PRESCRIBER (E.G. SHARED CARE)

Do you feel your use is problematic? Where do you drink/use and do you drink/use alone? How does your Alcohol/Drug use affect you? Are there any triggers to drinking/using? Are you receiving any treatment for your drink/drug use? Please use the box below to answer these questions:

How do you think your substance use might impact on your life and the other people in your life? What things do you have in your life to help you manage your substance use? What has worked for you in the past?

Medication and GP details

Medication TYPE	DOSAGE	PRESCRIBER (E.G. SHARED CARE)

**RISK ISSUES**

RISK TYPE	Y/N /DK	WHO/ WHAT IS AT RISK?	TRIGGERS?	STRENGTHS /SUPPORT/PRECAUTIONS IN PLACE TO REDUCE RISK/WHAT HAS WORKED IN THE PAST?	PAST OR CURRENT (P or C)
ARSON					
<p>Could you tell me more about this history? What happened, where and when, whether it was a one off, was anyone hurt, who was / is involved?</p>					
CRIMINAL OFFENCE/ CONVICTIONS/ OPEN INVESTIGATION					
<p>Could you tell me more about your offending behaviour? List convictions or open investigations with dates. What happened, who was involved, what sentence did the client receive, currently on licence, extra conditions? Subject to MAPPA? Working with probation?</p>					
VIOLENCE/ HARM TO OTHERS/ DAMAGE TO PROPERTY					
<p>Have there been incidents when you have been violent towards someone or something? Could you tell me more about this history? What happened, where and when, whether it was a one off, whether anyone was hurt, who / is involved?</p>					
LEARNING DISABILITIES					
<p>This should also include being able to read and write. Could you tell me how your condition affects you? What aspects of everyday life can you struggle with at times? Are you linked in with CLDT (Community Learning Difficulties Team) What adjustments might we need to make in order to best support you?</p>					

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MENTAL HEALTH					
<p>Are you trying to improve your mental health at the moment? Could you tell me more about that? What has been working well?</p>					
PHYSICAL HEALTH / DISABILITY					
<p>Are you trying to improve your physical health at the moment? Do you consider yourself to have a disability? Could you tell me how your condition affects you? How many flights of stairs can you manage, if limited? What adjustments might we need to make in order to best support you?</p>					
SELF-HARM/ SUICIDE ATTEMPTS					
<p>Have you ever intentionally hurt yourself or tried to take your own life? Could you tell me some more about that?</p>					
SEXUAL ASSAULTS/ INAPPROPRIATE BEHAVIOUR					
<p>Is there a history of sexual assaults, abuse or sexually abusive behaviour <b>from</b> you? What happened, where and when, whether it was a one-off, who was / is involved?</p>					

Risk issues continued:

RISK TYPE	Y/N /DK	WHO/ WHAT IS AT RISK?	TRIGGERS?	STRENGTHS /SUPPORT/PRECAUTIONS IN PLACE TO REDUCE RISK/WHAT HAS WORKED IN THE PAST?	PAST OR CURRENT (P or C)
PERSONAL SAFETY					

Have you ever been the victim of violence or abuse? Could you tell me more about that? Are you worried you might be at risk of violence / abuse or harassment at the moment? Are you worried you might be at risk of exploitation? **Sexual assault should be covered in this question.**

OTHER RISK					

Is there any risk / concern not mentioned above?

**CONSENT**

Any information which we receive will be kept confidential. However, in order for us to refer you to the most appropriate service, we need your permission to share any information given by you or professionals working with you, with other service providers and the Supporting People team.

If you do NOT give permission we cannot refer you to any HSR Services.

Signature

Date

**Please return to:** 11-12 Kings Court, King Street, Bristol, BS1 4EF

**Fax no:** 01179294810  
**Email:** HM@addictionrecovery.org.uk  
 For information call 01179300282 (option 2)

**Any Additional Information:**