



SOUTHERN TRUST AREA
STEP 2 DRUG AND ALCOHOL SERVICE PARTNERSHIP

Step 2 Service Referral Form

REFERRAL DETAILS: (circle)

Self	Organisation	Relative	Friend	Community Addictions Team (CAT)
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Date of referral: _____

HAS CONSENT BEEN GIVEN BY SERVICE USER*: Yes / No

Nb. The details below will be shared with the Step2 Partnership; comprising Inspire Addiction Services, ASCERT, Dunlewey Addiction Service, Extern and the SHSCT Community Addictions Team.

MODE OF COUNSELLING PREFERRED, PLEASE HIGHLIGHT / CIRCLE BELOW

FACE TO FACE / TELEPHONE / VIDEO CALL

DETAILS OF PERSON BEING REFERRED

Name	
Date of Birth	
Address	
Postcode	
Telephone Number	
Email address	

SUBSTANCE/S (Circle): Alcohol Cannabis Cocaine Heroin

Other/s _____

Quantity/ How much _____ Daily Weekly Monthly
(please circle)

AUDIT SCORE:

LDQ: Alcohol

LDQ: Drugs

HEALTH ISSUES

Yes / No

MENTAL HEALTH

Yes / No

GP & PRACTICE DETAILS: (if known)

GP Practice	
Address	
Telephone Number	

REFERRED BY:

Name	
Organisation (if applicable)	
Address	
Telephone	
Email	
How did you hear of Step2 Partnership?	
Interpreter required?	Yes / No
Language	

Notes: for example - Risk factors

Completed by: _____

S2P ref No:

STEP2 PARTNERSHIP

WHERE TO SEND YOUR REFERRAL FORM TO:

Please send your completed referral form to Step2Partnership@dunlewey.org
or alternatively Telephone 028 9039 2547 or 07591 834 468.

