



**Southern Trust Area**  
**Step 2 Drug and Alcohol Service Partnership**

**Referral Form for Family Support**

'Family Support' is available for people affected by another person's use of substance/s. whether or not the person using substance/s is having treatment. This form is for the referral of family members or other people affected by a person's substance use.

For Step 2 treatment for the person using substances, please use our other referral form.

**REFERRAL SOURCE: (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:**

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	

**NOTES E.G. CIRCUMSTANCES, NEEDS, RISK FACTORS:**

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**REFERRED BY:**

<b>Name</b>	
<b>Organisation (if applicable)</b>	
<b>Contact Tel / Email:</b>	
<b>How did you hear of Step2 Partnership?</b>	
<b>Interpreter required?</b>	
<b>Language</b>	

**(For office use)**

Completed by: \_\_\_\_\_

**S2P ref No:**

**Step2 Partnership**

**WHERE TO SEND YOUR REFERRAL FORM TO:**

Please send your completed referral form to [Step2Partnership@dunlewey.org](mailto:Step2Partnership@dunlewey.org)  
or alternatively Telephone 028 9039 2547 or 07591 834 468.



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