

ESH Community Referral and Assessment Form Confidential



Clients Personal Details			
Name:		Address:	
Known as:		Post Code:	
Home Tel:		Mobile:	
Email:		NI No:	
D.O.B:		Age:	
Employed:	Yes / No		
Are you claiming any Benefits: ESA JSA DLA UC	If Yes amount:		
If you are claiming benefits do you have any sanctions i.e. fines, child maintenance, other? Yes / No	If Yes details:		
Are you claiming housing benefit Yes / No	If Yes amount:		
Sex: Male	Have you ever served in HM Forces: Army Air Force Navy MOD		

Current Medication		
Medication currently prescribed:	Being taken for:	Dosage:
Is the medication being taken?		

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Referrers Details:		
Referrers Name/Title:		
Address:	Tel No:	Fax No:
	Email:	

Substance Misuse and History:		
Past history and duration of Drug/Alcohol use:		
Drugs or alcohol used recently before detox:		
Substances:	Quantity:	Frequency:
Alcohol		
Cannabis		
Heroin		
Crack		
Cocaine		
Amphetamines		
Benzodiazepines		
Solvents		
Methadone/Subutex		
Prescription/Over the Counter Drugs:		
Legal Highs/Spice		

Have you ever injected drugs?	Yes / No	
When did you last have a blood test for HIV/Hep C?	Date:	Result:
Have you had a Hep B vaccination in the past two years?	Yes / No	Date:
If admitted to the centre would you want to be offered a Hep B Vaccination?	Yes / No	

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Treatment History		
Past failed detox / rehab:		
History of previous treatment		
Agency / Service Provider:	Dates To and From:	Reason for Leaving:

Physical Health/Medical History	
Do you have any physical health issues?	Yes / No
Do you have any known allergies?	Yes / No
Do you consider yourself to have a disability?	Yes / No
Are you receiving or due to receive any treatment for any health issues?	Yes / No
Do you have a history of fits/seizures?	Yes / No
Past Medical History - If Yes was answered to any of the questions, please give details:	

Mental Health/Psychiatric History	
Diagnosed with mental health problems, i.e. Depression or Anxiety?	Yes / No
History of any mental health problems in your family?	Yes / No
Experienced any hallucinations/psychosis?	Yes / No
Currently engaged with the mental health services?	Yes / No
History of self harm?	Yes / No
History or thoughts of suicide?	Yes / No
Past Psychiatric History - If Yes was answered to any of the questions, please give details:	

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Criminal History		
Any incident of assault, wounding, ABH, GBH, affray or other violent crime?	Yes / No	If Yes – give date(s) and details:
Any sexual offences?	Yes / No	
Any offences against children?	Yes / No	
Any incidents of arson?	Yes / No	
Any court cases outstanding?	Yes / No	
Are you on a probation order?	Yes / No	
Are you on Licence/MAPPA	Yes / No	
Have you ever been to prison?	Yes / No	
Do you have any outstanding fines?	Yes / No	

Return by post to ESH Community, Holt Cottage Farm, Welsh Road East, Southam, CV47 1NJ

Alternatively you can e-mail to community@eshworks.org
or send by secure e-mail to securemail@eshworks.org.cjsm.net

ESH OFFICE USE ONLY

TO BE COMPLETED BY ESH COMMUNITY STAFF

Any practical issues or concerns that could prevent admission:	YES	NO
If YES specify:		
If NO are there any other issues that may require reviewing by doctor:		
ESH Staff Member Name:	ESH Referral Reference Number:	

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EQUAL OPPORTUNITIES

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please ask the **CLIENT TO COMPLETE THIS SECTION OF THE APPLICATION FORM.**

If you do not wish to provide this information please put a mark in this box

Marital Status:

Postcode:

A (White)	British	<input type="checkbox"/>	C (Asian or Asian British)	Bangladeshi	<input type="checkbox"/>
	Irish	<input type="checkbox"/>		Indian	<input type="checkbox"/>
	Other White	<input type="checkbox"/>		Pakistani	<input type="checkbox"/>
B (Mixed)	White & Asian	<input type="checkbox"/>		Other Asian	<input type="checkbox"/>
	White & Black Caribbean	<input type="checkbox"/>	D (Black or Black British)	African	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>		Caribbean	<input type="checkbox"/>
Other Mixed	<input type="checkbox"/>	Other Black		<input type="checkbox"/>	
Other			E	Chinese	<input type="checkbox"/>

Do you consider yourself to have a disability?

Yes No

Disability is defined as "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".

If yes, please give details:

Gender

Male Female

Age Group

18-25 26-35 36-45 46-55 56-65 66-70 Over 70