





SELF REFERRAL

Community Addiction Recovery Service (CAReS)

| Name: | D.O.B: / / CHI: |
|--|---|
| Address: | |
| | Preferred Tel No: |
| Post Code: | (This is important as it will help staff to contact you to get an appointment.) |
| | |
| GP: | Surgery: |
| | |
| under the age of 18: | |
| | |
| Reason for referral: ALCOHOL | |
| | |
| ALCOHOL | |
| ALCOHOL What do you drink? | |
| ALCOHOL What do you drink? How much do you drink? | |
| ALCOHOL What do you drink? How much do you drink? How many days a week do you drink this way? | |
| ALCOHOL What do you drink? How much do you drink? How many days a week do you drink this way? How long have you been drinking this way? What do you want to do about your drinking? | |
| ALCOHOL What do you drink? How much do you drink? How many days a week do you drink this way? How long have you been drinking this way? What do you want to do about your drinking? e.g stop completely or reduce? | |
| ALCOHOL What do you drink? How much do you drink? How many days a week do you drink this way? How long have you been drinking this way? What do you want to do about your drinking? e.g stop completely or reduce? DRUGS | |
| ALCOHOL What do you drink? How much do you drink? How many days a week do you drink this way? How long have you been drinking this way? What do you want to do about your drinking? e.g stop completely or reduce? DRUGS What do you use? | |
| ALCOHOL What do you drink? How much do you drink? How many days a week do you drink this way? How long have you been drinking this way? What do you want to do about your drinking? e.g stop completely or reduce? DRUGS What do you use? How much do you use? | |

| Do you have any physical and/or mental health issues? | |
|---|--|
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To allocate your referral to the most appropriate service, it is very important for you to complete this form as accurately as possible.

Lanarkshire Alcohol & Drug Service and South Lanarkshire Council's Substance Misuse Team have merged to form the new Community Addiction Recovery Service (CAReS). Once we have received your referral we will contact you and discuss the most appropriate service that will meet your needs.

Please include details here, of how you would like us to contact you:

Mobile:

Home Telephone Number:

Letter:

Please make sure that you include your preferred contact method within this section

Date Referral Completed:

RETURN TO:

Community Addiction Recovery Service (CAReS)
Carluke Community Health Centre
40 Chapel Street, Carluke, ML8 4BA
Telephone Number: 01698 754440
(You can call and self-refer over the telephone)

NHS Lanarkshire and South Lanarkshire Council take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please ask a member of staff for a copy of our Data Protection Notice.