



**Carmarthenshire Alcohol Services
Referral Form**
(For use in Carmarthenshire only)



Prism Ymlaen provide a **Single Point of Contact** on behalf of **Carmarthenshire Alcohol Services** (Prism Ymlaen, West Wales Substance Misuse Service and Carmarthenshire County Council Substance Misuse Team).

Prism Ymlaen aims to initially assess all referrals within 10 working days. These assessments are then discussed on a multi agency basis and allocated to the most appropriate Service to meet the clients needs. If we have **enough information** and **cause for concern** at referral we will fast track to the appropriate service.

Date of referral:		
Name:		
Address:		Postcode:
Contact Tel No:		Email:
Gender: Male / Female	Date of Birth:	
Referrer Details: (Name, Agency, Contact No. etc) Are you or is there a Care Co-ordinator (details please)?		
Client's GP / Surgery:		
Presenting Problem:		
What information, advice or support is required:		
Prescribed medication:	Recent LFT Results	
	MCV	
	GGT	
Any risks to client or others identified:		

CLIENT'S CONSENT

I the undersigned give permission for a Prism worker to contact me by any of the following ways:

Telephone Letter At home email

Signed *Dated*

P.T.O.

Alcohol use including quantity, frequency and pattern of use, whether in excess of recommended levels, alcohol dependence symptoms; client goal if known.

Key Worker/Agency (if known)

Drug use including types of drugs, quantity, frequency and pattern of use, route of administration, source of drug including preparation, and prescribed medication; client goal if known.

Key Worker/Agency (if known)

Psychological health including self-harm, history of abuse or trauma, depression, anxiety, psychiatric co-morbidity, and contact with mental health services; hospital admissions.

Key Worker/Agency (if known)

Physical problems including complications of drug/alcohol use, blood-borne infections risky behaviours, liver disease, abscesses, overdose and enduring severe physical disabilities; hospital admissions. Pregnancy may also be an issue.

Key Worker/Agency (if known)

Social functioning including childcare issues, partners, domestic violence, family, housing, employment, benefits, and financial problems; civil court proceedings.

Key Worker/Agency (if known)

Criminal involvement and offending including arrests, fines, outstanding charges and warrants, probation, imprisonment, violent offences, and criminal activity; involvement with Criminal Justice Intervention Team workers.

Key Worker/Agency (if known)

Evaluation of risk to client or others

Send the completed form by post to **Prism, The Old Parish Hall, Church Street, Llanelli SA15 3DD**.
Alternatively, you may fax it to: **01554 899918**