



**Pembrokeshire Drug and Alcohol Services  
Referral Form**  
(For use in Pembrokeshire only)



Prism Ymlaen operates a **Single Point of Contact** for Drug and Alcohol Services in Pembrokeshire.

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.

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

**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, 17 Mariners Square, Haverfordwest, Pembrokeshire, SA61 2DT**. Alternatively, you may fax it to: **01437 769569**