

Hamoaze House Referral Form

Information to be filled out by person / organisation doing the referral.

Please send through to adultteam@hamoazehouse.org.uk who will then arrange an appointment.

Organisation		Name of referrer	
Office number		Mobile Number	
Email			

Hamoaze House assists, through groupwork, with recovery from problematic drug and / or alcohol use. Please outline your goals regarding drug and alcohol use.

Please ensure details are legible, especially contact numbers.

Full Name			
Date of Birth		Age	

Substances:	

Please include any relevant documentation including risk assessments, A2A etc.

Address		Home No.	
		Mobile No.	
	Postcode	Email	

Disabilities / Mental Health	

Medication		

Children under 18 residing with client	Name	Date of Birth	Age

Are they involved with the Criminal Justice System?	Yes	No
If yes, please specify		

We are a mixed use site, and sometimes have children / young people on our premises. We therefore cannot accept referrals from or for people who have been convicted of, charged with, or under investigation for, crimes against children. Please contact us ahead of referral if unsure.

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Contact List

Contact	Name	Organization	Contact Number	Consent	
Next of kin				Yes	No
Harbour				Yes	No
Social Worker (Adult)				Yes	No
Social Worker (Children)				Yes	No
Probation				Yes	No
Housing				Yes	No
GP				Yes	No
Other				Yes	No
Other				Yes	No
Other				Yes	No

Consent to contact Signature: _____