**REFERRAL to CARE**

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| **Name:**  | DOB:  |
| Address: | Contact No: Medical Card: Yes/No |

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| **No of previous Alcohol Detoxes:**Community Detoxes: Inpatient Detoxes:Known complicated Detoxes:Date of last Detox:History of other Substance Abuse: | **Medical Hx:**Current Medications:Blood Tests Results: |
| **AUDIT-C: Please complete with patient and circle score**1. How often did you have a drink containing alcohol in the past year? Never (0 points score questions 2 and 3 as zero) Monthly or less (1 point) 2 to 4 times a month (2 points) 2 or 3 times per week (3 points) 4 or more times a week (4 points) | 2.How many drinks did you have on a typical day when you were drinking in the past year? 1 or 2 (0 points) 3 or 4 (1 point) 5 or 6 (2 points) 7 to 9 (3 points) 10 or more (4 points) | 3.How often did you have 6 or more drinks on one occasion in the past year? Never (0 points) Less than monthly (1 point) Monthly (2 points) Weekly (3 points) Daily or almost daily (4 points) |

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| **Mental Health Concerns:** | **Current Alcohol Support Agency Involvement:** **Name of Concerned Person: (closest family member/friend)** |

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| **Name of Referrer: Other information/ Comments :****Date of Referral:****Contact Number :** |