

ENQUIRY & REFERRAL FORM

Referral Date		Taken by	
Referred By			

Full Name		Date of Birth	
Address			
Postcode			
Mobile No.		Email	

Sex	M / F	Ethnicity	
Are you:	Unemployed /	Employed PT /	Employed FT / Self-employed

Which military or emergency service did you serve with?			
Regiment / Rank		Service no.	
Dates (from / to)		Discharge Type	

How did you hear about THH?

Which substances do you use?	Age first used?	Currently using?
1.		YES / NO
2.		YES / NO
3.		YES / NO

Please tell us about any past or current PHYSICAL HEALTH concerns or MENTAL HEALTH conditions you may have	
Physical health:	
Mental Health Diagnosis:	
Please list any ALLERGIES you have	

Are you currently involved with any other services? <i>If yes, please provide contact details</i>	YES / NO

For Admissions Use Only:

Followed up by:	Date:
Assessment booked?	Assessment Date: