



Referral Form

Complete and return to:-

Norfolk House Hotel
Touchstones12
39 Princes Drive
Colwyn Bay
Conwy
LL29 8PF



Telephone: 01492 534090

PRIVATE & CONFIDENTIAL

Applicants and Referring Agencies must read the following notes and comply with the relevant points set out in the checklist below to be successful. NOTE, Failure to complete this form in full and provide the relevant information will delay Referrals / Applications

Touchstones12 has 22 bed-spaces. Allocation of bed-space is prioritised to applicants in following order from Conwy, North Wales, Wales and the rest of the UK. To explain further, sixteen bed-spaces are essentially in part funded by Welsh Assembly Government and consequently are strictly subject to local area/regional priority access. Six bed-spaces are allocated to open source referrals. Please note referrals from outside of Wales will need to seek funding from a local authority or a drug and alcohol team or pay privately to attend the project, subject to bed-space allocation.

Please read the checklist and subsequent notes on pages 2, 3 and 4 before proceeding: -

Family name:	First names:
.....	
Address:
.....	Post Code:
Telephone:	Mobile:
Date of Birth:	Age:
National Insurance Number:.....	
Details of person filling in application if relevant:	
Name in full:
Relationship to applicant:
Address:
.....	Post Code:
Telephone:	Mobile:



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Failure to comply with this checklist will delay applications

- **Self Referral please read Section A.**
- **Referring Agencies please read Section B.**

Section A: Self Referrals

Section A	Section A: <u>Self Referral</u>	<u>YES</u>	<u>NO</u>
Self Referral Location	<p>Are you Located in Conwy, North Wales or Wales?</p> <p>Applicants can access the project on a subsidised basis, subject to local/regional priority access and bed-space.</p>		
Self Referral Funding	<p>1) Does the applicant have any: Mortgage Tenancy, Council Property, Housing Association, savings in excess of £16K etc. <u>If applicable please move to option 2 below:-</u></p> <p>(2) For referrals based outside of Wales: -</p> <p style="padding-left: 40px;">(A) Seek funding from your local authority or alcohol service – or drug service – or other.</p> <p style="padding-left: 40px;">(B) In cases where applicants are unable to seek funding, it is possible for applicants to pay privately. Please contact for current charges.</p> <p>(3) For referrals based in Wales: -</p> <p style="padding-left: 40px;">(A) If option 1 above applies here move to <u>option 2 above</u>: 16 bed-spaces and services are part funded by the Welsh Assembly Government. Referrals in this category must be eligible to claim housing benefit.</p>		
Self Referral Dr's Letter	<p>Dr.'s letter or other health professional</p> <p>Essential, obtain and submit a letter stating what medication has been prescribed. Failure to provide proof of prescribed medication will delay your entry date. Plus any other supporting medical information that you choose to provide.</p>		

Section B	Section B: Agency Referrals	<u>YES</u>	<u>NO</u>
Referring Agency Form	Complete a referral form?		
Referring Agency Funding	1) Does the applicant have any: Mortgage Tenancy, Council Property, Housing Association, savings in excess of £16K etc. <u>If so please move to option 2 below:-</u>		
	(2) For referrals based outside of Wales: - (A) Seek funding from your local authority or alcohol service – or drug service – or other. (B) In cases where applicants are unable to seek funding, it is possible for applicants to pay privately. Please contact for current charges.		
	(3) For referrals based in Wales: - (A) NB. If option 1 above applies here move to option 2: 16 bed-spaces and services are part funded by the Welsh Assembly Government. Referrals in this category must be eligible to claim housing benefit.		
Referring Agency Supporting Letter	Provide a brief covering letter outlining your referral.		
Referring Agency Risk Assessment	Statutory requirement to provide a Risk Assessment.		
Referring Agency Dr's Letter	Dr.'s letter or health professional: Obtain and submit a letter stating what medication has been prescribed. Failure to provide proof of prescribed medication will delay your entry date. Plus any other supporting medical information that you choose to provide.		



SECTION 1: Referral details

Referral Source – who is the referring agent? (state self referral if appropriate)	
Name of Referring Agency or self:-	
Name in full	
Organisation.....	Position.....
Address	
Post Code	
Telephone	
Email	

SECTION 2: Education

Has the client / self attended college, University or gained any qualifications / exams.

Place Attended	Qualifications	Date

What is your highest educational qualification, please state?

Do you have a specific educational disability that may require support, if so please specify?



Skills

Are there any specific life skills or educational skills that you feel you / the client would benefit from learning? Please write any details in the space below: -



SECTION 3: Drug & Alcohol usage

Have you or do you use any of the following, please indicate as required?

	At any time	Recently	Age first used	Not sure	How often and quantity used daily/weekly
Alcohol					
Benzo' s					
Cannabis					
Cocaine					
Crack					
Ecstasy					
Heroin					
LSD/Acid					
Methadone					
Prescribed					
Tobacco					
Solvents					
Misuse of prescribed medications					
Other					



SECTION 5: General Health

What was your longest period of abstinence in regard to any addiction, specify the addictive substance?
Drug:
Alcohol:

<u>Current and past health history</u>
Do you or have you suffered with any of the following conditions? If so please give brief details
Blood-borne infections
Liver complications
Diabetes
Asthma
Other physical complications

Have you or do you suffer from any of the following? If so please give brief details	
Jaundice	Pancreatitis
Blood pressure	Lung problems
Abscesses	Thrombosis
Asthma	Septicaemia
HIV/HEP (type)	Other

Have you or do you suffer with any of the following? If as result of withdrawal please state	
Fits	Vomiting
Hallucinations	Sweats
Shakes	Nausea
Fainting	Cramps
Skin problem	Disturbed sleep
Blackouts	Diarrhoea
Paranoia	Other



SECTION 7: Mental Health

Have you or do you suffer with any mental health problems? If yes please complete below. You may have been treated either in hospital or by your GP; provide full details as possible, if necessary please continue on a separate piece of paper, thank you.

(Depression, Anxiety, Self Harm, trauma, eating disorders, mood disorders etc, etc)

Sate where... (address not needed)	State approximately when	What problem was or is being treated?	Treatment given and was treatment completed	Discharge or self discharge



SECTION 8: Overdose and Suicide

Have you ever self harmed?	YES / NO
Have you ever suffered with suicidal thoughts?	YES / NO
Have you ever attempted suicide	YES / NO
Have you ever unintentionally overdosed?	YES / NO (if yes please specify)

Have you ever experienced an intentional overdose?	YES /NO (if yes please specify)

Do you suffer with an eating disorder:	YES / NO (if yes please specify)

SECTION 9: Medical Tests / Other Medical issues

Recent medical tests please specify	YES / NO if yes please give details
Known allergies please specify	YES / NO if yes please give details



Do you have mobility issues?	YES / NO if yes please give details
Do you have any special dietary requirements?	YES / NO if yes please give details

If you have any other medical issue/issues you wish to bring to our attention please use the space below:



Section 10: Criminal Justice

List all criminal justice involvement in your life: please include arrests, fines, outstanding charges, warrants, imprisonments, violent offences and any other criminal activities. Continue on a separate piece of paper if necessary.

Where offence committed	When (Date)	Offence	Category	Sentence conviction spent or not?

Do you have any outstanding criminal justice proceedings, fines, court orders etc. against you at the time of completing this form? If so please specify in full...

If you have any other criminal justice issue/issues you wish to bring to our attention please use the space below:



Have you ever been violent towards other people? YES / NO if yes please give FULL details

How often has this happened and what have the consequences been?

Do you suffer with a loss control when you get mad? YES / NO if yes please give FULL details

How often has this happened and what have the consequences been?

SECTION 11: General

Whose idea was it for you to seek treatment now? Please give details.

Why are you applying for treatment now? Please give details.

Do you have any other commitments? Please give details.



If appropriate would you be willing for your family and or partner, others to be involved in your treatment? YES / NO - If yes please give details.

Do you have a partner who has an unresolved substance problem? YES / NO If yes please give details

Do you know anyone at Touchstones12? YES / NO If yes please give details

If there is anything else you wish to say in support of your application, please use the space below.

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SECTION 12: Signed Agreements

i.	Recovery through Touchstones12 is abstinence based and requires clients to make a clean and final break with drugs and or alcohol and their former lifestyles. No residential client is permitted to use alcohol, illicit drugs or abuse non/prescribed prescription medication.
ii.	Recovery through Touchstones12 is about learning to develop life skills and aiming to achieve independent living status.
iii.	If you are accepted into Touchstones12's recovery programme you will be tested for drugs and alcohol, both on your day of admittance and randomly throughout your stay, any failure of these tests will result in immediate dismissal from the programme.
iv.	If you are accepted into the Touchstones12's recovery programme any violent act any case of theft or non engagement in the programme, will result in summery dismissal.
v.	This application neither guarantees you an assessment or an offer of a residential placement on Touchstones12's recovery programme. No reasons will be offered for denial either of an assessment or a place in the Touchstones12's recovery programme; however you will be informed either way of the outcome of your application as soon as possible and after the receipt of this application.
vi.	A central principle of a recovery programme is honesty. Should it come to light at a later stage that information supplied in this application is not accurate and that you have knowingly withheld information this application will not be processed further. If you have already joined the Touchstones12's recovery programme and such information comes to light you will be asked to leave.
vii.	Persons leaving the Touchstones12's recovery programme will be reassessed before returning to the project in accordance with the allocations and referrals policy in line with the section relating to returnees.
I have read, understood and agree to the above information:	
Applicants name in full:	
Applicants Signature:	
Dated:	



I give permission for all care professionals with whom I have been involved with to release to Touchstones12 any relevant information that maybe required. On my discharge I accept that reports may be sent to all care professionals involved in my care to support my continuing recovery and well being.

Signed: Dated:.....

I give permission for Touchstones12 to make further police checks and to make further enquires regarding previous convictions, or for existing P.S.R. or S.E.R's.

Signed: Dated:.....

**This form has been filled in by _____
signature is required below - otherwise ignore.**

I have filled in this application form at the request of the applicant and in accordance with the applicant's directions, to the best of my ability; all the information supplied to me by the applicant is faithfully and accurately represented in this application.

Signed: Dated:.....

Relationship to the applicant:

Address:

.....

.....

Phone number:..... Mobile.....



SECTION 13: Administration / Finances

Name					
Date of Birth		Male	Female	Other	
Current Address					
Telephone Number			Postcode		
Home Address/NFA					
Local Authority					
Describe ethnic origin? What nationality?					
Single	Married	Divorced	Separated	Widowed	Children
Full Name of GP			Tel No		
Address:					
GP Code			NHS No		
Name of Care Manager (if you have one)			Tel No		

Occupation Now	
2.0 Main Past Occupation (apart from unemployed)	How Long
2.1 Are You Unemployed?	
If Employed, are your employers Aware you are seeking treatment?	Yes No



To assess if you are eligible for a funded place at Touchstones12, you **MUST** answer all the following questions. Any false information given at this time could jeopardise your admission. Please contact us if you need advice about how to proceed.

Do you have any savings or capital?	Yes	No
If you have savings, how much do you have?	£	No
Can you, your family or another party Pay all or some of your fees?	Yes	No
Are you claiming Housing Benefit?	Yes	No
Are you Renting a property	Yes	No
Do you have a mortgage	Yes	No
Are You eligible to claim housing benefit?	Yes	No
Are you living with a partner who is Working?	Yes	No
Are you in receipt of Income Support/ DSS benefits etc? If yes, please state clearly: –	Yes	No
Do you have income/savings other than DSS benefits (eg pension etc)?	Yes	No

Where or from whom did you hear about Touchstones12?

What other problems (eg childcare, appointments, housing etc) may affect your application for treatment?

It is a condition of acceptance that you engage fully with the programme and further with the Staffing team at Touchstones12 and that you provide information both accurately and honestly. Failure to comply will result in your summary dismissal.

Do you understand and agree to this? YES / NO

