

Please send referral form to - bristol.cj_referrals@turning-point.co.uk.cjrm.net

If you would like to talk through this referral with the team, please call 0300 555 1469 or email
bristol.cj_referrals@horizonsbristol.co.uk.

REFERRER DETAILS

Referrer Name		Referral Date	Click or tap to enter a date.		
Organisation		Role			
Address			Post Code		
Email Address					
Work Mobile		Landline			

SERVICE USER DETAILS

Name		Date of Birth	Click or tap to enter a date.		
Address			Post Code		
Email		NOMIS number (if in custody)			
Mobile		Landline			
Does Client consent to Horizon contacting them via	Letters	Phone Calls	Voicemails	Texts	Emails
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY

Remand, sentenced, licence, DRR, ATR, IOM or recalled (please include dates)	
Other Professionals Involved Please include names & contact details	
Brief summary of substance related needs	
Brief offence details	
Summary of pre cons	

Support and access needs e.g. interpreter; adjustments; disability	
Presenting risks self-injury, risks to others, risks to self, physical health	
Neurodiversity (diagnosed or suspected) e.g. Autism; ADHD; learning disability; Dyslexia; Dyscalculia; foetal alcohol spectrum disorder (FASD); brain injury; speech, language or communication needs	

Does the service user wish to engage with support to address substance use issues?	
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Print Name		Date	Click or tap to enter a date.
Sign			

If the client is transferring from another drug and alcohol service, please also provide additional documents, where available: care plan, risk assessment, safeguarding assessment, most recent TOPs, opiate substitute prescribing details