

# ESH Community Referral and Assessment Form Confidential



Clients Personal Details			
Name:		Address:	
Known as:		Post Code:	
Home Tel:		Mobile:	
Email:		NI No:	
D.O.B:		Age:	
Employed:	Yes / No		
Are you claiming any Benefits: ESA JSA DLA UC Yes / No	If Yes amount:		
If you are claiming benefits do you have any sanctions i.e. fines, child maintenance, other? Yes / No	If Yes details:		
Are you claiming housing benefit Yes / No	If Yes amount:		
Sex: Male	Have you ever served in HM Forces: Army Air Force Navy MOD		

Current Medication: (either prescribed by GP, Hospital or Service provider)		
Medication currently prescribed:	Being taken for:	Dosage:
Is the medication being taken?		

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Referrers Details:		
Referrers Name/Title:		
Address:	Tel No:	Mobile No:
	Email:	

Past history and duration of Drug and/or Alcohol use:

Current drug or alcohol use:		
Substances:	Quantity:	Frequency:
Alcohol		
Cannabis		
Heroin		
Crack		
Cocaine		
Amphetamines		
Benzodiazepines		
Solvents		
Methadone/Subutex		
Over the Counter Drugs		
New psychoactive substances		

Have you ever injected drugs?	Yes / No	
Have you had a HIV/Hep C blood test?	Yes / No	If yes give date and result:
Have you had a Hep B vaccination in the past two years?	Yes / No	If yes give date and result:

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Previous detox or rehabs:		
Treatment Centre	Dates To and From:	Outcome / Clean time
History of previous treatment:		
Agency / Service Provider:	Dates To and From:	Reason for Leaving:

Physical Health/Medical History	
Do you have any physical health issues?	Yes / No
Do you have any known allergies?	Yes / No
Do you consider yourself to have a disability?	Yes / No
Are you receiving or due to receive any treatment for any health issues?	Yes / No
Do you have a history of fits/seizures?	Yes / No
Past Medical History - If Yes was answered to any of the questions, please give details:	

Mental Health/Psychiatric History	
Diagnosed with mental health problems, i.e. Depression or Anxiety?	Yes / No
History of any mental health problems in your family?	Yes / No
Experienced any hallucinations/psychosis?	Yes / No
Currently engaged with the mental health services?	Yes / No
History of self harm?	Yes / No
History or thoughts of suicide?	Yes / No
Past Psychiatric History - If Yes was answered to any of the questions, please give details:	

# ESH Community

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<b>Criminal History</b>		
Any incident of assault, wounding, ABH, GBH, affray or other violent crime?	Yes / No	If Yes – give date(s) and details:
Any sexual offences?	Yes / No	
Any offences against children?	Yes / No	
Any incidents of arson?	Yes / No	
Any court cases outstanding?	Yes / No	
Are you on a probation order?	Yes / No	
Are you on Licence/MAPPA	Yes / No	
Have you ever been to prison?	Yes / No	
Do you have any outstanding fines?	Yes / No	

**Return by post to ESH Community, Holt Cottage Farm, Welsh Road East, Southam, CV47 1NJ**  
 Alternatively you can e-mail to [community@eshworks.org](mailto:community@eshworks.org)  
 or send by secure e-mail to [securemail@eshworks.org.cjsm.net](mailto:securemail@eshworks.org.cjsm.net)

### **ESH OFFICE USE ONLY**

**TO BE COMPLETED BY ESH COMMUNITY STAFF**

Any practical issues or concerns that could prevent admission:	YES / NO
If YES specify:	
If NO are there any other issues that may require reviewing by doctor:	
ESH Staff Name:	