

**REQUEST FOR RECOVERY SUPPORT TO**

**NORTH WEST RECOVERY COMMUNITIES**

**OUTREACH**

|  |  |
| --- | --- |
| **Name** |  |
| **Date of Birth** |  |
| **Address 1**  |  |
| **Address 2** |  |
| **Post Code**  |  |
| **Phone Number**  |  |

|  |  |
| --- | --- |
| **Substance Use** |  |
| **In the service user/patient stable?** |  |
| **Is the service user/patient’s mental health stable?** |  |
| **Are there any known risks?** |  |
| **Additional Details** |  |

|  |  |
| --- | --- |
| **Referrer Name** |  |
| **Referrer Contact Details** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Does the service user/patient have a care manager ?**  |  |
| **If yes, care manager name**  |  |
| **If yes, care manager contact details** |  |
| **Date** |  |

**I give consent that** NWRC may store my information on this form, so they can respond to my enquiry

**I declare that** the information that I have given on this form is correct and complete as far as I know

**I declare that** I will promptly inform of any changes to contact details or other circumstances

**I agree that** NWRC and it’s partners may share my information

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Signature** |  | **Date**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referrer Signature** |  |  |  |

Email Completed form to: info@nwrc-glasgow.co.uk