

New Hope referral form for professionals

Title: [Mandatory]	First Name: [Mandatory]	Surname: [Mandatory]		
D.O.B: [Mandatory]	Age: [Mandatory]	Gender:		
Address: [Mandatory]	Phone number: [Mandatory]	Ethnicity: [Mandatory]		
	Phone: [Mandatory]			
	Email:			
Assessment start date:	Referrer: [Mandatory]	Recovery Facilitator:		
	Agency:			
	Name:			
	Contact number:			
Next of kin details: [Mandatory]	Relationship to Client: [Mandatory]	GP Surgery: [Mandatory]		
Next of Kin		NHS Number:		
Contact Number:				
Does individual have childcare responsibilities?	Details of children (names & D.O.B):	Current Children's Social Care Involvement:		
Substance use within the last 30 days (or prior to remand) [Mandatory]				
Substance	Frequency	Amount per day	Route	Age first used
Heroin				
Cocaine				
Crack Cocaine				

Amphetamine*				
Ecstasy				
Cannabis				
Alcohol				
Hallucinogens*				
Benzodiazepine*				
Tobacco				
Ketamine				
Novel Psychoactive Substances*				
*Please specify which drug/s from these groups you are using				
Prescribed medication				
Are you taking this as prescribed?				
If not please provide details				

Employment Status	Employed		Casual		JSA/ESA?	Retired
Accommodation status:	Living in own accommodation:		NFA		Living with family/friends:	Hostel:
Any other accommodation issues: (i.e. at risk of eviction)						
Learning disability?	No		Yes		Name of support worker:	
Mental Health issues?	No				Name of support worker:	
Does the individual	No		Yes		Testing:	

Please send completed forms to:
 New Hope, 16/17 Market Street, Bracknell
 Phone: 01344 312360
 Fax: 01344 353272
 New.Hope@bracknell-forest.gov.uk

Substance use and related issues: [Mandatory]						
Individuals expectations: [Mandatory]						
Referrers expectations: [Mandatory]						
Advice given: [Mandatory]						
require access to BBV services:					Vaccination:	
Does the individual have any physical health issues or disabilities?	No		Yes			
Do you want to be referred to our sexual health nurse?	No		Yes			
Sex working:	Current:			Previous:		Never:
Criminal Justice:	PPO/IOM:		Probation:	DRR/ATR:	Pending Offences:	Prison Release:
Details:	Lead worker:		Named Officer:	Date of order:		Date of release:
				Length of order:		Licence details/end date
Group Sessions:	Would you engage in group sessions to address/support your addiction?			YES		NO

NDTMS: information and CONSENT

What information we collect from you, why we collect it, why we might share it, and what your rights are.

Who we are

We are the Office for Health Improvement and Disparities (OHID) in the Department of Health and Social Care. We have a database called the National Drug Treatment Monitoring System (NDTMS), which we use to collect information about drug and alcohol treatment in England.

We need your consent

We need your consent to collect information about you and your treatment. You can choose either to share your information with us, or not to share it. Whatever you choose, it will not affect the treatment you receive or how well you are looked after. If you consent, your treatment service will share some of the information they collect from you with NDTMS.

What information we collect about you

We collect your service's reference number for you, which allows us to speak to them about your information without us knowing your name. We also collect information to make sure you are only counted once.

This includes:

- your initials
- your date of birth
- your sex
- the area where you live (the first bit of your postcode)

We also collect information on things like the treatment you are receiving, and your nationality, ethnicity and disabilities, so we can see if people are being treated fairly. And we ask for information about your family situation so we can understand families' needs too.

Why we collect information about you

We are responsible for improving the lives of people who are affected by drug and alcohol use in England.

We collect data about you to help improve your:

- treatment and other support
- health and wellbeing
- education and job prospects
- family life

We use NDTMS data to monitor alcohol and drug treatment across England. It can help us see what's not working well, so we can do something about it. It helps to make sure that people are getting the best possible care wherever they live.

Sharing your information

By sharing your personal data with OHID, any drug and alcohol treatment provider may become aware of any other treatment providers that you are in contact with. If your current treatment provider is replaced or taken over by another treatment provider, they will continue to share your information with OHID.

We may share your information with other government departments, and other organisations working with us to improve the lives of people affected by drug and alcohol use.

If we do share information, we take as much of the detail out as possible, and only share what we really need for analysis. We will not share information about you with the police or the courts.

Your rights to your information

You can tell your treatment service if you change your mind about sharing data with us at any time. So, if you consent, you can change your mind about that. Or if you do not consent and later decide you're OK with us collecting your information, you can do that too.

You can get more information about your data and rights online in the NDTMS privacy notice (tinyurl.com/ndtms-consent). If you cannot access the information online, you can ask your keyworker to print it out for you.

You can also contact us if you have a complaint or if you have any concerns about how we may have used your information. Our contact details are in the privacy notice, or you can ask your keyworker to help you contact us.

If we have not been able to help you, or you are not happy with how we have handled your information, you can contact the Information Commissioner's Office (ICO). Details about how to contact the ICO are in the privacy notice.

Consent to share your information with us

Please tick the relevant box and sign and date the form to complete your consent.

I consent and agree that my treatment provider can share my personal information with OHID for the purposes outlined above.

I do not consent and agree that my treatment provider can share my personal information with OHID for the purposes outlined above.

Service username.....

Service user signature.....Date.....

Consent – (other) Client consented to their information/details being passed on to New Hope. Verbal consent given by over the phone.

It is recognised that people cannot overcome addiction without support. Information also needs to be shared with other professionals in order to ensure that they work collaboratively in the best interests of the individual. This must be explained clearly at the start of the recovery journey and, where possible, a family member or friend should be identified who will support the recovery process. Supporting information should be provided as to the level of contact or support that can be expected from the identified agencies/people.

Bracknell Forest Substance Misuse Consent to share information [Mandatory]		
Support available and assessment to be shared with: (Lead name where relevant) New Hope and GP.		
Carer/Family member/Friend		Yes/No
Do you want us to contact your family member/care/friend to provide them with details of our Family & Friend support Group	Name/s:	Yes/No
GP		Yes/No
Community Mental Health Team		Yes/No
Other drug/alcohol, service		Yes /No
Social Services		Yes/No
Probation		Yes/No
Accommodation Provider		Yes/No
Jobcentre Plus		Yes/No
Outreach visit		Yes/No
Other e.g Recovery College, Social Prescribers, Friends in Need, Sports In Mind, NA, AA		Yes/ No
All Health professionals		Yes/No
Additional information:		

Individual:

Date:

Staff member:

Date: