



# HAGA AGENCY REFERRAL FORM

Please email: [harccg.haga@nhs.net](mailto:harccg.haga@nhs.net)

Or fax: 020 8801 4619 (Attn: Duty Worker) & call 0208 800 6999

to confirm receipt

<b>Referrer Name</b>		<b>Date of Referral</b>	
<b>Agency</b>		<b>Telephone</b>	
<b>R/ship to Client</b>		<b>Email</b>	

<b>Client Name</b>		<b>Ethnicity</b>	
<b>Date of Birth</b>		<b>Gender</b>	
<b>Address</b>		<b>Can we send mail?</b>	YES NO
<b>Telephone No/s</b>		<b>Can leave message?</b>	YES NO
<b>Skype Name</b>		<b>Online Appointment</b>	YES NO

<b>Client's pattern of Alcohol/ Drug use in last 28 days (frequency &amp; amount per day)</b>			
<b>Age of first use</b>			

<b>Patient Goal</b>	Reduction	Cessation
<b>Is the client aware of the referral?</b>	YES	NO
<b>Children</b>	YES	NO

**If yes, details (inc. name/dob for children, carer/guardian status)**

**Medical history, including medicines and mental health**

<b>Criminal Justice Issues</b>	YES	NO
<b>If yes, details</b>		

<b>GP Name</b>	<b>GP Phone No.</b>
<b>GP Practice &amp; Address</b>	



**1 UNIT**  
1/2 pint 4%  
beer, lager or  
cider



**1 UNIT**  
1 small glass  
of wine 9%



**1 UNIT**  
1 single 25ml  
measure of  
spirits (40%)



**1 UNIT**  
1 small 50ml  
glass of  
sherry  
(17.5-20%)



**2 UNITS**  
A pint of  
"regular" beer,  
lager or cider  
(4%)



**3 UNITS**  
A pint of  
"premium"  
beer, lager or  
cider (5%)



**1.5 UNITS**  
Alcopop  
(5%) or a  
275ml bottle  
of regular  
lager (4%)



**2 UNITS**  
440ml can of  
"regular"  
lager or cider  
(4%)



**4 UNITS**  
440ml can  
of "super  
strength"  
lager (9%)



**2 UNITS** 175ml glass of wine (12%)  
**3 UNITS** 250ml glass of wine (12%)  
**9-10 UNITS** bottle of wine (12%)



Date AUDIT completed: \_\_\_\_\_ (NB: must be in past two weeks, and done with client)

Questions	Scoring system					Your score
	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
2. How many units of alcohol do you drink on a typical day when you are drinking? (See unit guidance above.)	1-2	3-4	5-6	7-9	10+	
3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

**SCORING**

- 0-7 Lower risk
- 8-15 Increasing risk
- 16-19 Higher risk
- 20+ High risk/possible dependence

TOTAL \_\_\_\_\_