**Step2 Partnership**

**AddictionNI Ascert Dunlewey Extern**

Tel: Katrina 07591 834 468 / Christine 028 9039 2547

[Step2Partnership@dunlewey.org](mailto:Step2Partnership@dunlewey.org)

**Southern HSC Trust area**

**Step 2 service**

**Referral Form - ‘Family Support’**

‘Family Support’ is available for people affected by another person’s use of substance/s. whether or not the person using substance/s is having treatment. This form is for the referral of family members or other people affected by a person’s substance use.

For Step 2 treatment for the person using substances, please use our other referral form.

**Referral Source: (circle)** Self Organisation Relative FriendCAT

Date of referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent given by person/s being referred for Family Support\*: Yes / No Nb. The details below will be shared with the Step2 Partnership, comprising Addiction NI, Ascert, Dunlewey Addiction Service & Extern.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes eg. circumstances, needs, risk factors

**Referred By:** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Tel / Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear of Step2 Partnership? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interpreter required? Yes /No Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(For office use)**

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**S2P ref No:**  **Step2 Partnership** 