



Referral Form - Please use this form to refer clients in need of support for alcohol or other substance misuse to Outside the Wire. Please send the form to The Matthew Project, Nedeham House, 22 St Stephens Road, Norwich, NR1 3QU or telephone 01603 626123.



Referral Date		Other Agency Referral (please tick)		Client Self Referral (please tick)	
Client Name			DOB		Gender
Service	Rank	Service No		Currently Serving	
				Reservist	
		Early Service Leaver YES / NO		Veteran	
Address					
Postcode					
Phone No(s)					
Can we leave a message on this number YES / NO					
Emergency contact					
Name		Contact Number		Relationship	
Reason for referral:					
				Is this client attending as a friend or family member YES / NO	
Referral from / or where did client hear about Outside the Wire?					
Name / Agency				Contact Number	

Other Agencies – Consent to Share			
Please list below any other agencies/people the client consents for The Matthew Project to share information with			
Agency / Relationship	Contact Name	Phone No	Client Initial (for consent)
Consent			
I consent to details being recorded on The Matthew Project client monitoring system. Anonymous details will be used to monitor the services provided.			
Client Signature			Date

Ethnicity									
White		Mixed		Asian / Asian British		Black/Black British		Other Ethnic	
British		White & Black		Indian		Caribbean		Arab	
Irish		Caribbean		Pakistani		African		Other	
Gypsy/Irish Traveller		White & Black African		Bangladeshi		Other Black			
Other White		White & Asian		Chinese				Not stated	
		Other Mixed		Other Asian					
Nationality				Do you have any religious beliefs you would like us to be aware of?			Do you have a disability you would like us to be aware of?		
				YES / NO If Yes, please give details overleaf			YES / NO If Yes, please give details overleaf		

Keyworker

Start Date

Closure Reason

Closed Date

Potential Risks – please circle if any are a risk and complete details in the box below

Self Harm	Suicide	Overdose	Violence to Others	Domestic violence offending	Sexual offending	Other offending	Accidents	Neglect
Abuse/ Exploitation by others	Domestic Violence	Sex Working	Poor engagement with services	Children	Staff	Homeless / sofa surfing	Driving or operating machinery	Other

Notes

Background notes

Please provide details to include:
 What would you like to achieve from this project / What have you achieved before

Referral completed by: _____ Date: _____

The Matthew Project – Staff Use Only

Allocated to:

Date Allocated:

OUTCOME

Next appt date / time:

With (worker name):

Venue:

Referral Outcome – Please tick	
No Contact	<input type="radio"/>
Service Not Appropriate	<input type="radio"/>
Started	<input type="radio"/>

Use Client Contact sheet to record further notes (including attempts to contact client)