

GP PRIMARY CARE and other MEDICAL REFERRAL FORM for ALCOHOL COUNSELLING

01592 206200

On identification of an alcohol problem your patient may benefit from working with one of our counsellors. Please complete this form and send it to FASS using the address above, or telephone 01592 206200 for further information.

Patient

Address

Telephone

Mobile

GP/Medical

Practice/Address

Telephone

Patient consent to contact at Address / Mobile Yes No

Date of Birth

Marital Status

Employment Status

Date of Referral

Appointments preferred Day

Eve

Day or Eve

Background to referral

Present level of alcohol consumption?

Has patient been with FASS before?

I authorise _____ to contact FASS on my behalf _____

Signature of Patient (if possible)