

OTHER AGENCY REFERRAL FORM for ALCOHOL COUNSELLING

01592 206200

On identification of an alcohol problem your client 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.

Client Name

Address

Telephone

Mobile

Care Worker

Address

Telephone

Client consent to contact at Address / Mobile? Yes No

Date of Birth

Marital Status

Employment Status

Date of Referral

Appointments preferred

Day	<input type="checkbox"/>
Eve	<input type="checkbox"/>
Day or Eve	<input type="checkbox"/>

Background to Referral

Present level of alcohol consumption?

Has client been with FASS before?

I authorise _____ to contact FASS on my behalf _____
Signature of Client (if possible)