



Fife Alcohol Support Service
17 Tolbooth Street
Kirkcaldy
Fife
KY1 1RW

SOCIAL CARE 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, Social Worker, Address, Telephone

Client consent to contact at Address / Mobile? [] Yes [] No

Date of Birth, Date of referral, Marital Status, Employment Status, Appointments preferred (Day, Eve, Day or Eve)

Background to referral
Will client attendance with FASS be: Voluntary [] or a Court/CJS condition? []
Do you wish to discuss this referral? [] Yes [] No
Present level of alcohol consumption
Has client been with FASS before?

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