



## Referral Form

Full name: .....

Gender: Male  Female  Non-binary  Agender  Gender-queer  Other

D.O.B: ..... Contact number: .....

Email address: .....

Address: .....

.....

.....

.....

Postcode: .....

<b>GP details</b>
Name: .....
Address: .....
.....
.....

.....

### How can we contact you?

Please tick the options that are applicable to you.

Email  Telephone  Answer Phone Message  Text  Post

We will only collect information that is necessary to provide you with the correct support.

We will not use your details for marketing purposes.

Referred from: .....

.....

Current drinking or drug pattern: .....

.....

.....

Additional details: (e.g. previous treatment, relevant medical history, social circumstances)

### Office use only

01/2021

Date received: .....

Date treatment started: .....

Triaged to: .....

**Email:** [info@nottinghamrecoverynetwork.com](mailto:info@nottinghamrecoverynetwork.com) **Website:** [www.nottinghamrecoverynetwork.com](http://www.nottinghamrecoverynetwork.com)

To obtain a copy of Nottingham Recovery Network's privacy policy or to change your contact preferences  
please visit: [www.nottinghamrecoverynetwork.com/privacy-policy](http://www.nottinghamrecoverynetwork.com/privacy-policy)



**Alcohol Use Disorders  
Identification Test**

Name: ..... Date of birth: .....

**Brief Unit Guide:**

Pint of regular beer, lager or cider (ABV 3.6%) = 2 Units

Pint of beer, lager or cider (ABV 5.2%) = 3 Units

Alcopop (ABV 5.4%) = 1.5 Units

Glass of wine (250ml, ABV 12%) = 3 Units

One measure of spirits (25ml, ABV 40%) = 1 Unit

Bottle of wine (ABV 12%) = 9 Units

**Section 1**

Questions	0	1	2	3	4	Score
How often do you have an alcoholic drink?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units on a single occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

**If scored 5 or over please complete section 2**

Sub total

**Section 2**

Questions	0	1	2	3	4	Score
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Total

**Please add sections 1 and 2 together for total score**

**How to score**

0 - 7 = Lower risk    8 - 15 = Increasing risk    16 - 19 = Higher risk    20+ = Possible dependence