York Alcohol Advice Service
The Lodge
63 Bootham
York
YO30 7BT
t: 01904 652104
f: 01904 652104
e: office@yaas.info
w: www.yaas.info

REFERRAL FORM

Client Details			
First Name:		**Last Name:**	
Date of Birth:		**Gender:**	
Address:			
		Postcode:	
Telephone number:			
OK to Contact by:	Telephone YES/NO	Letter YES/NO	Text Message YES/NO

Referrer Details			
First Name:		**Last Name:**	
Agency/Service:		**Job Title:**	
Address:			
		Postcode:	
Telephone number:		**Mobile number:**	
e-mail address:			

Current Substance Use Details:

Details of Previous Alcohol Support/Treatment (if known):

Known current/recent contact with your agency and other helping services:

Does the client have any accessibility needs:
e.g. disability; need for an interpreter, childcare or dependents; transport problems; working hours

Why does the client want to be referred to YAAS?

Any other relevant information:

YAAS Office Only:			
Client set up on Apego:	YES	NO	ref:
Contact letter sent:	YES	NO	date:
Appointment arranged:	Date:	Staff Name:	
Triage complete:	YES	NO	date:
Other comments:			