



# Application/Referral Form

Please fax completed form to: 02392 732778 or email to [admissions@arcproject.org.uk](mailto:admissions@arcproject.org.uk)  
or post to: ARC Admissions, 20 Landport Terrace, Portsmouth, PO1 2RG  
Referral by telephone - call 02392 752617

Information about the Applicant		
Applicant Name:		
NI No.	Male / Female	DOB
Home/Claim Current Address:		Postcode:
Telephone Number:	Mobile:	
Email:	Nationality:	
Marital Status ( <i>single / seperated / divorced / with partner</i> )		
Children ( <i>how many / sex / ages</i> ) and do they live with you ( <i>please give details</i> )		
Living Status at Home/Claim Address ( <i>independent / with spouse/partner / with parents</i> )		
Address to which applicant can return if disharged prematurely because of using/drinking/behaviour:		
Employment Status: ( <i>employed / unemployed / home-maker / student</i> )		
Main Occupation: ( <i>if any</i> )		
If unemployed, how long?	Current DSS Claims Office:	
Referrer/Funding Details		
Care Manager or Key Worker Name:		
Address:		Postcode:
Tel:	Mobile:	
Fax:	email:	
Name of Referrer Agency:		
Address:		Postcode:
Contact Name:		
Tel:	Mobile:	
Fax:	email:	
Which Authority is your Home/Claim Address in?		

Funding by? <i>(Private / Social Services / CJS etc.)</i>			
Funding Status? <i>(please circle)</i>	Approved	Applied for	Approved
If funding has been applied for, what is the expected date for approval?			
Fees Applied For:	Detox £	Treatment £	Supported Accommodation £
<b>Name of Funding Agency:</b>			Case Ref No.
Address:			
Postcode:			
Contact Name:			
Tel:		Mobile:	
Fax:		email:	
<b>Any other <u>KEY</u> Agency / Person / Professional working with Applicant</b> <i>(Family Member, Psychiatrist, Solicitor, Mentor, Probation, CARAT, CJIP, etc.)</i>			
<b>Name &amp; Capacity of Person:</b>			
Address:			
Postcode:			
Contact Name:			
Tel:		Mobile:	
Fax:		email:	
<b>Legal:</b>			
Do you have any history of arson, aggressive or violent behaviour, or sexual offences?			<b>YES / NO</b>
Do you have any outstanding legal issues? <i>(on bail, probation, parole, suspended or deferred sentence, DTTO, awaiting charges/trial/sentencing, ongoing court cases, etc.)</i>			
<b>YES / NO</b> <i>(if yes, please give details)</i>			
Do you have any Criminal Convictions? <b>YES / NO</b> <i>(if yes, please give details)</i>			
<b>Medical</b>			
<b>Name of GP or Doctor currently treating/prescribing:</b>			
Address:			
Postcode:			
Tel:		Mobile:	
Fax:		email:	

Please tell us about any current prescribed medications.			
Name of medication	Dosage	Reason	May this need to continue during treatment with us?
Please tell us about any non-prescribed medication you are currently using:			
Do you have any health/disability needs? (please give details)			
Do you have any Dietary or other special needs? <i>(please give details)</i>			
Do you have any history of Psychiatric illness, intervention or treatment? <i>(please give details)</i>			
Do you have any history of self-harm or suicide attempts? <i>(please give details)</i>			
Do you have any current illnesses/medical conditions <i>(please give details)</i>			
Do you have any recurring illnesses/conditions? <i>(if yes please give details)</i>			
Do you have any painful conditions? <i>(if yes please give details)</i>			
Do you have any mobility problems? <i>(such as going up and down stairs etc.)</i>			

Substance use		
Please tell us about all the drugs you have been using in the past six months. (eg heroin, crack, coke, methadone, cannabis, amphetamines, benzodiazepines, etc.)		
Substance (and method of use)	Amount	Frequency
Please tell us about your alcohol use:		
Type (beer, spirits)	Amount	Frequency
An important part of arc ethos is to include our clients opinions and preferences wherever possible. Therefore please tell us about any particular opinions or preferences you have about the type of deoxification prescription you feel most comfortable with (i.e. subutex, dihydrocodeine etc.).		

Forms
<p><b>CONSENT AUTHORITY FOR THE RELEASE OF INFORMATON.</b></p> <p>I understand that for the purpose of assessing my needs for assessment, admission, and treatment that addiction recovery centre may need to request information such as medical, psychiatric, or probation reports and records, or other information held by professional agencies that have been involved in my previous care and treatment.</p> <p>I hereby give permission for all care and medical professionals with whom I have been involved to release to addiction recovery centre any relevant information which may be required.</p> <p>addiction recovery centre may release to my local Health Authority such relevant details as may be required to support my application for funding.</p> <p>On completion or termination of treatment I accept that reports may be sent to any care professionals involved in my care to support my continuing recovery.</p> <p>Signed (Applicant) _____ Date _____</p> <p>Print full name _____</p>
<p><b>National Drug Treatment Monitoring Service Consent Form</b></p> <p>As part of the National Drug Strategy, the National Treatment Agency (NTA) gathers and collates information about all drug users in treatment. This information is used to support the development of drug services.</p> <p>I hereby consent to addiction recovery centre submitting my data to the National Drug Treatment Monitoring Service.</p> <p>Signed (Applicant) _____ Date _____</p> <p>Print full name _____</p>