



## **Patient information: confidential drug and alcohol support service**

[This information sheet provides details of the Warwickshire drug and alcohol support service](#)

**Change Grow Live Warwickshire** is a free and confidential drug and alcohol service for adults (including offenders), families, carers and affected others in Warwickshire.

### **About Change Grow Live Warwickshire**

Change Grow Live Warwickshire is a recovery-focused service with a full range of treatments and interventions designed to support people to take control of their recovery journey and achieve their recovery goals. Our services include harm reduction, opiate replacement prescribing, residential and community detoxes, counselling, emotional support and supported access to mutual aid. Support in accessing training, employment and housing will also be available.

### **Services Available:**

- Confidential advice and information about drugs and alcohol
- A tailored package of care for those experiencing difficulties with drugs or alcohol
- Healthcare clinics
- Aftercare
- Family and friend support
- Educational group sessions and support
- Needle Exchange

### **How to contact us**

We always welcome new clients, so please get in touch if you are interested in getting help from the service or you'd just like to ask some questions. Feel free to bring someone with you on your first visit.

We are based at 16 Court St, Leamington Spa. You can call us on 01926 353 513 or email us on [Warwickshire.Info@cgl.org.uk](mailto:Warwickshire.Info@cgl.org.uk).

### **Referral**

If you would like to refer yourself or someone else to the service you can call, email or visit the service in person. You can also complete our referral form in advance and either email it to us at or bring it with you when you visit the service.

**CGL Warwickshire.**  
**Please send a referral to :**  
**E-fax: 01926 328658**  
[warwickshire.referrals@cgl.cjsm.net](mailto:warwickshire.referrals@cgl.cjsm.net) alternatively call  
**Tel: 01926 353513**



| REFERRAL TYPE                |                          |                          |                          |                          |                          |                                |                          |                          |                          |                          |                                  |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| Prison Referral              | DRR Referral             | ATR referral             | Court Referral           | Conditional Caution      | PPO/ Testing on Licence  | Required Assessment/ Follow up | Children's Services      | Self Referral            | GP                       | Social Services          | Alcohol Services                 |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         |
| Other (please specify) _____ |                          |                          |                          |                          |                          |                                |                          |                          |                          |                          | Date of sentence and court _____ |

| SERVICE USER INFORMATION |  |  |             |
|--------------------------|--|--|-------------|
| Client Name              |  |  | DOB         |
| Address                  |  |  | Telephone   |
| GP Name & Address        |  |  | GP Tel. No. |

| DIVERSITY MONITORING     |                          |                          |                                  |                                 |                          |                          |                                 |                                    |                                      |                                |                                    |                                  |                                |   |                                       |                          |
|--------------------------|--------------------------|--------------------------|----------------------------------|---------------------------------|--------------------------|--------------------------|---------------------------------|------------------------------------|--------------------------------------|--------------------------------|------------------------------------|----------------------------------|--------------------------------|---|---------------------------------------|--------------------------|
| Ethnic Origin            |                          |                          |                                  |                                 |                          |                          |                                 |                                    |                                      |                                |                                    |                                  |                                |   |                                       |                          |
| White - British          | White - Irish            | White - Other            | Mixed -White and Black Caribbean | Mixed – White and Black African | Mixed – White and Asian  | Mixed - Other            | Asian or Asian British - Indian | Asian or Asian British - Pakistani | Asian or Asian British - Bangladeshi | Asian or Asian British - Other | Black or Black British - Caribbean | Black or Black British - African | Black or Black British - Other | Chinese or other ethnic group - Chinese | Chinese or other ethnic group – Other | Not Stated               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>           | <input type="checkbox"/>             | <input type="checkbox"/>       | <input type="checkbox"/>           | <input type="checkbox"/>         | <input type="checkbox"/>       | <input type="checkbox"/>                | <input type="checkbox"/>              | <input type="checkbox"/> |
| Religion                 |                          |                          |                                  |                                 |                          |                          |                                 |                                    |                                      |                                | Previously treated                 |                                  |                                |   |                                       |                          |
| No religion              | Christian                | Catholic                 | Buddhist                         | Hindu                           | Jewish                   | Muslim                   | Sikh                            | Atheist/ agnostic                  | Any other religion                   | Not stated                     | Yes                                | <input type="checkbox"/>         | No                             | <input type="checkbox"/>                |                                       |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>           | <input type="checkbox"/>             | <input type="checkbox"/>       | <input type="checkbox"/>           | <input type="checkbox"/>         | <input type="checkbox"/>       | <input type="checkbox"/>                | <input type="checkbox"/>              | <input type="checkbox"/> |

| REFERRAL INFORMATION                            |  |
|---|--|
| Problematic Alcohol use (including AUDIT score) |  |
| Problematic drug use (including OTC)            |  |

| REFERRAL SOURCE INFORMATION |  |  |           |
|-----------------------------|--|--|-----------|
| Referrer's Name             |  |  | Telephone |
| Organisation                |  |  | Fax       |
| Address                     |  |  | Email     |

| PRIORITY/RISK MANAGEMENT               |   |                                   |  |
|--|---|-----------------------------------|--|
| Mental Health                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                      | Housing/Homeless                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Child Protection / Children's Services | Yes <input type="checkbox"/> No <input type="checkbox"/>                      | Domestic Violence                 | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Pregnant                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                      | Vulnerable Adult/Safeguarding     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| IV User                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                      | Sex Worker                        | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Children under age of 5                | Yes <input type="checkbox"/> No <input type="checkbox"/> Children's Ages..... | Client consent for CGL to contact | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| ANY OTHER INFORMATION (PLEASE INDICATE ANY KNOWN RISKS) |  |
|---|--|
|   |  |

| For CGL use only               |  |                                |  |
|--------------------------------|--|--------------------------------|--|
| Date referral received         |  |                                |  |
| Date of assessment appointment |  | Time of assessment appointment |  |
| Assessment Worker              |  | Office                         |  |