**The integrated care pathway is the shared responsibility of HSE and community-based services in DNCC. The person referred will be offered support by the specialist service that is most appropriate for their needs.**

|  |  |
| --- | --- |
| Date of Referral | Click or tap to enter a date. |
| **Details of the person being referred:** | |
| Name of person being referred | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| **Alcohol Use** | | | | | |
|  | **Scoring System** | | | | |
|  | **0** | **1** | **2** | **3** | **4** | **Score** |
| How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times per month | 2-3 times per week | 4+ times per week | Choose an item. |
| How many drinks containing alcohol do you have on a typical day when you are drinking? | 1-2 | 3-4 | 5-6 | 7-9 | 10+ | Choose an item. |
| How often do you have six or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily/ almost daily | Choose an item. |
|  | **Your Total Score**: | | | | | Score: |
| Interpreting the Total Score | Less than 5 **=** low risk, no referral necessary.  5+ **=** referral to the Integrated Care Pathway for Alcohol DNCC. | | | | | |

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| --- | --- |
| **Other relevant information?** | |
| Any Additional Alcohol Issues? | Y  N  If yes, please give details: Click or tap here to enter text. |
| Drug Use? | Y  N  If yes, please give details: Click or tap here to enter text. |
| Mental/Physical Health Issues? | Y  N  If yes, please give details: Click or tap here to enter text. |
| Any other information relevant to this referral? | Y  N  If yes, please give details: Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Referral agent details** | |
| Name of Referrer | Click or tap here to enter text. |
| Role/Title | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

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| **Consent**: Confirm the person being referred consents to this referral; to having their referral information processed and stored by the Integrated Alcohol Service as per national protocols; and understands the alcohol worker may communicate with the referring agent in relation to their care. | Consent given – |

[](https://www.hse.ie/eng/services/list/5/addiction/dublinnorthaddictionservice/integrated-alcohol-service/)**Please email all referrals to:** [**iasdublinreferrals@hse.ie**](mailto:iasdublinreferrals@hse.ie)