

Alcohol and Domestic Violence  
Project.



Referral form – Victim

Please return to:

Joanne Woods – Senior Practitioner

Fax: 024 76 353493

Email: joanne.woods@swanswelltrust.org

Referral Date: \_\_\_\_\_

Referrer name: \_\_\_\_\_ Positon: \_\_\_\_\_

Organisation: \_\_\_\_\_ Telephone No. \_\_\_\_\_

NB. Information regarding client's attendance will only be exchanged if client signs confidentiality waiver on presentation at Swanswell.

Name of Service User: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Has service user's permission for initial contact by Swanswell been ontained? Y / N

Is the service user still in contact with the perpetrator? Y / N

Reason for Referral e.g. level of alcohol consumption; nature of domestic violence experiencing?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has any risk been identified?**

Risk to Self e.g. Physical health; mental health; self harm; suicide?

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\_\_\_\_\_

Risk to others e.g. child protection; domestic violence; offending behaviour; risk to staff?

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