



**Nottingham
Recovery
Network**

**Triage Service
Referral Form**

Send To:
Nottingham Recovery Network
NHS Nottingham City
Health Centre
79a Upper Parliament Street
Nottingham
NG1 6LD

Tel: 0115 9709570
Fax: 0115 850 4175

Name:

D.O.B:..... Male: Female: (please tick)

Contact no:

Email address:

Address:

.....

.....

Post code:

GP details
Name:.....
Address:.....

Referred from:

Current drinking or drug pattern:

.....

.....

Additional details: (e.g. previous treatment, relevant medical history, social circumstances)

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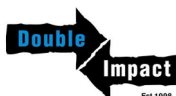
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Office use only

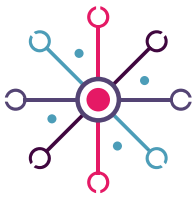
Date received:

Date treatment started:

Triaged to:



Please turn over...



**Alcohol Use Disorders
Identification Test**

Name:..... Date of birth:.....

Brief Unit Guide:	
Pint of regular beer, lager or cider (ABV 3.6%) = 2 Units	Pint of beer, lager or cider (ABV 5.2%) = 3 Units
Alcopop (ABV 5.4%) = 1.5 Units	Glass of wine (250ml, ABV 12%) = 3 Units
One measure of spirits (25ml, ABV 40%) = 1 Unit	Bottle of wine (ABV 12%) = 9 Units

Section 1

Questions	0	1	2	3	4	Score
How often do you have an alcoholic drink?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ Times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units on a single occasion	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Sub total

If scored 5 or over please complete the questionnaire below.

Section 2

How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Total

Please add Sections 1 and 2 together for scores

How to score

0-7=Lower risk 8-15=Increasing risk 16-19=Higher risk 20+=Possible dependence