



Referral Form

Full name:

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

Email address:

Contact number:

Address:

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Post code:

GP details

Name:

Address:

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Referred from:

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Current drinking or drug pattern:

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

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Office use only

Date received:

Date treatment started:

Triaged to:

Email: info@nottinghamrecoverynetwork.com **Website:** www.nottinghamrecoverynetwork.com



**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 section 2.

Section 2

Questions	0	1	2	3	4	Score
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 total score.

How to score

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