



Tyn Rodyn

1/2 Lower Penrallt Road, Glanrafon Hill, Bangor, LL57 2PR

Tel: 01248 370762 Fax: 01248 370789

<http://www.cais.co.uk>

Tyn Rodyn Referral/Assessment Pack

Referral Information			
First Name		Surname	
Date of Birth		Gender	
Address 1			
Address 2			
Address 3		Postal Town	
County		Postcode	
Telephone and Mobile			
Referrer		Referrers Contact Number	
Referrer's Address			
Funding Authority / Purchaser			

For Tyn Rodyn Office Use			
CAIS I.D. Number		Date Referral Form Sent	
Date referral Form Received		Main Substance (Please circle)	Drug / Alcohol
Date of Assessment		Assessment Attended (Please circle)	YES / NO
Assessment Outcome (Please circle)	ACCEPTED / NOT ACCEPTED		
Date Placed on Waiting List		Date taken off waiting list	
Reason Taken off Waiting List (See code on reverse)			

Substance Misuse History

Substances of Choice?	
Present Substance causing Reason for Referral	
When did Substance Misuse Begin?	
What Patterns Initially Developed?	
What Patterns Subsequently Developed?	
Previous Abstinence from Substance? (Please circle)	YES / NO
If YES please give details	
Most recent patterns of Substance Misuse (Please give details)	
Did the Substance Misuse cause or make worse any problems?	
What was the function of the Substance Misuse?	
What did the client gain?	
In what situations did it help to cope?	
As seen by the client, what are the Pros and Cons of maintaining a life free of their substance misuse?	
Pros	Cons

Housing and Employment History

Relevant Information regarding previous House, Hostel Accommodation (please give dates and addresses for last 5 years)

Please give details of previous accommodation problems?

Employment History (please give details of employer, nature of employment and dates?)

Currently Employed?
(Please circle)

YES / NO

Please give details

Medical History

Please give details of previous Health Problems

Please give details of current Health Problems

Please give details of any Substance Related Illnesses

Please give details of any current medication

Please give details of any Relevant Psychiatric History

Offending History

Please give details of Offending History

**Are there any outstanding or on-going Court Cases or Criminal Justice Orders?
If YES please give details.**

Current Situation

What are the Long Term Goals of the Client?

How does the client feel that placement at Tyn Rodyn can help him/her to attain their goals?

What Support is Required to help achieve their Goals? (e.g. Social Skills, Training, Counselling, etc.)

Will the referring Agencies involvement continue whilst at Tyn Rodyn? If Yes please give details

Is the Term of stay at Tyn Rodyn part of an agreed long term intervention plan between the referring agency and the client?

YES / NO (please give details)

Does the Client have any Special Needs? If YES, please give details

Please enclose copies of any Relevant Reports

Financial and Funding Situation

What Sources of Income does the Client Currently have?

Are any Benefits Received? If YES please give details

Has funding been applied for?
(Please circle)

YES / NO

Has funding been agreed?

YES / NO (please give details)

Signature of Worker	
Date	
Signature of Client	
Date	

Please fax this Referral Document to Tyn Rodyn on 01248 370789