

**Referral to Drug and Alcohol Services**

Your contact with us today may be related to problems with alcohol and/or drug use.

If you feel this is a problem, you may like to talk with someone who can provide you with informed advice and assistance.

With your permission, we will pass your contact details to local services who can help you to address your substance use.

By signing this form, you are providing consent for your personal details to be shared between ourselves and the Aberdeenshire Drug and Alcohol Service, so we can help you with your concerns and you help us build better supports.

If you want to opt out of receiving follow up support please tick this box:

Name: ………………………………………………………………………………….

Age: …... Date of birth: ………………………… Gender: …..…….….

Contact Details (address/telephone no.)

………………………………….………………………………………….………………

…………………………..….……………………………………………………………..

SIGNATURE: ..……………………………………………………………….………

Referring Agency:…………………………………………………………………

STAFF SIGNATURE: ………………………………………………………………

Please email this form to:

communitysubstancemisuse@aberdeenshire.gov.uk