

# SEFTON PARK - BOOKING AN ASSESSMENT

Before making contact with us regarding making a booking for an assessment, it would be very helpful to gather the following information:-

*Referrer's Name:* \_\_\_\_\_ *Tel No:* \_\_\_\_\_

Name of Client	
Date of Birth	
Age	
Referring Agency	
Referring Agency telephone number	
Referring agency e-mail address	
Client's contact telephone number	
Drug of choice	
Detox or date of detox completed	
Is funding in place	
Date and time of assessment	
Any pending convictions or court cases	
Criminal record (previous convictions)	
Long term medication (i.e. prescribed medication)	
Housing	
Marital status	
Children	
Treatment history	
Is there anything else you think we should know about this client?	

**NOTE: Client are requested to confirm by telephone the day before the assessment**