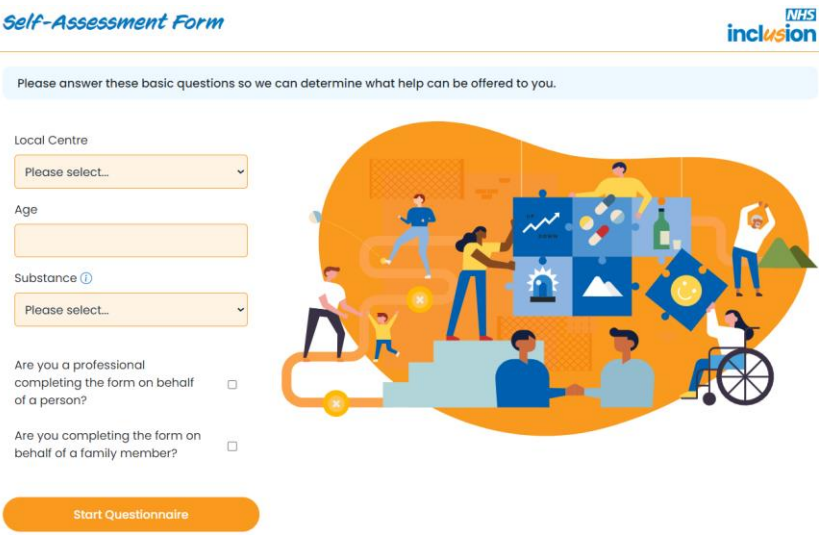


## Making a Referral to the Inclusion Service (Inclusion Recovery Hampshire) For Yourself

This guide will show you how to complete the self assessment form if you are making a referral, to the Inclusion Recovery Hampshire service, for yourself.

| No | Step Description  | Screenshot   |
|----|---|--|
| 1  | <p><b>How to Access the Self Assessment</b></p> <p>You can access the self assessment form from the internet using the following website:</p> <p>This will take you to the home screen of the self assessment form.</p>   | <p><a href="https://inclusion-referral-uat.mpft.nhs.uk/">https://inclusion-referral-uat.mpft.nhs.uk/</a></p>  |
| 2  | <p><b>Completing the Options on the Home Screen</b></p> <p>Before you complete the self-assessment, you must select some options on the home screen.</p> <p>What options are selected will decide what form the self-assessment will take.</p> <p><b>Local Centre:</b> for a referral in Hampshire, you must select the Inclusion Recovery Hampshire option from the menu</p> <p><b>Age:</b> enter your current age.</p> <p><i>The age you enter may affect what information you need to complete at the next stage of the self assessment.</i></p> | <p>Local Centre</p> <p>Inclusion Recovery Hampsh <span>▼</span></p> <p>Age</p> <p></p>   |

|   |  |   |
|---|--|---|
|   | <p><b>Substance:</b> you must select what substance you need help with from the list.</p> <p><i>The substance you select may affect what information you need to complete at the next stage of the self assessment.</i></p> <p><i>If you have a problem with more than one substance select the substance that is causing you the most problems.</i></p> <p>If you are completing the self assessment for yourself do not tick either the professional or family member options.</p> <p>Once you have selected the appropriate options on the home screen you must tap on a button to proceed to the next stage. The button you see will depend on your age, either tap on the <b>Start Questionnaire</b> or <b>Start Young Persons Referral</b> button.</p> | <p>Substance</p> <div>Please select... ▼</div> <p>Are you a professional completing the form on behalf of a person? <input type="checkbox"/></p> <p>Are you completing the form on behalf of a family member? <input type="checkbox"/></p> <p>Start Questionnaire</p> <p>Start Young Persons Referral</p> |
| 3 | <p><b>Completing the Self Assessment for Yourself</b></p> <p>What information you will need to complete for a self assessment for the Inclusion Recovery Hampshire service will depend on your age:</p> <p>If you are 25 or under, you will be taken to the young persons version of the self-assessment see section 3a.</p> <p>If you are 26 or over, you will be taken to the standard version of the self assessment see section 3b.</p>  |   |

3a

## Completing the Young Persons Self Assessment

If you are 25 or under you should have clicked a **Start Young Persons Referral** button at the bottom of the home screen.

This will take you to the **Young Persons Referral** screen:

In the **Personal Information** section, you must type in your details.

*Information that must be filled in is marked with a red asterisk, all the boxes in the personal information section must be filled in.*

In the **Address** section you must type in your address and postcode or select the No Fixed Address option.

In the **Substances** section the substance that you selected that you had the most problem with, on the home screen, will already be displayed.

In the **Consent to Contact** section, you must tick all the options that you are willing to let the inclusion service use to contact you. You must select at least one option but can tick as many as you like.

You can add any other relevant information in the Additional Information section.

A message is displayed explaining what should happen when you click the Submit button and informing you what you can do if this does not work. There is also a phone number to contact if the form does not submit correctly 0300 124 0103.

## Start Young Persons Referral

### Young Persons Referral



#### Personal Information

|                      |  |                 |  |
|----------------------|--|-----------------|--|
| First Name *         | <input type="text" value="Simon"/>       | Surname *       | <input type="text" value="Williams"/>                  |
| Date Of Birth *      | <input type="text" value="16/02/2006"/>  | Sex at birth *  | <input type="text" value="Male"/>                      |
| Phone Number *       | <input type="text" value="07980123456"/> | Email Address * | <input type="text" value="Simon.williams47@outlook."/> |
| Contact Preference * | <input type="text" value="Email"/>       |                 |  |

#### Address

|                  |  |
|------------------|--|
| Address *        | <input type="text" value="12 The Avenue&lt;br/&gt;Southampton&lt;br/&gt;Hampshire"/> |
| Postcode *       | <input type="text" value="SO51 6AL"/>  |
| No Fixed Address | <input type="checkbox"/>   |

#### Substances

|                           |                                       |
|---------------------------|---------------------------------------|
| Main problem substance: * | <input type="text" value="Solvents"/> |
|---------------------------|---------------------------------------|

#### Consent to Contact

There are a number of methods we can use to contact you. Please select the method/s below that you consent to us using. \*


|           |                                     |       |                                     |
|-----------|-------------------------------------|-------|-------------------------------------|
| Phone     | <input checked="" type="checkbox"/> | Text  | <input checked="" type="checkbox"/> |
| Voicemail | <input type="checkbox"/>            | Email | <input checked="" type="checkbox"/> |
| Letter    | <input type="checkbox"/>            |       |                                     |

#### Additional Information

Any Other Information

Add any other relevant information here

Once the form is submitted, you will be presented with a screen confirming your submission was successful. If you are not presented with this screen, please try again or contact us via phone on 0300 124 0103

|    |  |   |
|----|--|---|
|    | <p>Once you have completed the young persons referral form you must tap on the <b>Submit</b> button at the bottom of the form.</p> <p>You should then see a screen confirming that the form has been submitted successfully.</p> <p>Click on the <b>OK</b> button to return to the home screen.</p> <p><i>If this message does not appear please try and complete and submit the referral again or contact us on 0300 124 0103.</i></p>  | <div> <div>Submit</div> <div> <p>Thank you for your submission.</p> <p><b>Self-referral Completed Successfully</b></p> <p>Thank you for your submission.</p> <p>We can confirm that your referral has been received and a member of the team will contact you within the next 3 working days.</p> <p>(If you are making the referral on behalf of someone else, we will contact them directly instead)</p> <p>In the meantime if your circumstances change or you are in need or urgent support please call us directly on 0300 124 0103 and select your service from the options provided.</p> <p>In the event of a medical emergency, please call 999. If you think you need medical help right now, please call 111.</p> <div>OK</div> </div>  </div>   |
| 3b | <p><b>Completing the Standard Questionnaire</b></p> <p>If you are 26 or over, you should have clicked a <b>Start Questionnaire</b> button at the bottom of the home screen.</p> <p>This will take you to either:</p> <p>An <b>Alcohol use self-survey</b>, if you selected alcohol as the main substance, you had problems with.</p> <p>A <b>Severity of Dependence Scale (SDS)</b> questionnaire, if any other substance was selected.</p> <p>You must work your way down the Alcohol use self-survey/Severity of Dependence Scale and for each of the questions you must select the most appropriate answer.</p> <p><i>You must answer the questions accurately as the answers to these questions will be used as the basis of deciding what level of help you need from the service.</i></p> <p>Once you have selected an answer for all the questions click on the <b>Submit</b> button at the bottom of the form.</p> | <div> <div>Start Questionnaire</div> <div> <p>Alcohol use self-survey</p> <p>Please answer these questions accurately, based on your answers we will be able to give you the level of help that you need</p> <p>How often do you have a drink containing alcohol?</p> <div> <div>Never</div> <div>Monthly or less</div> <div>2 to 4 times per month</div> <div>2 to 3 times per week</div> <div>4 times or more per week</div> </div> <p>Severity of Dependence Scale (SDS)</p> <p>Please answer these questions accurately, based on your answers we will be able to give you the level of help that you need.</p> <p>Do you think your use of Cocaine is out of control?</p> <div> <div>Never/ almost never</div> <div>Sometimes</div> <div>Often</div> <div>Always/ nearly always</div> </div> <p>Do you think your use of Cocaine is out of control?</p> <div> <div>Never/ almost never</div> <div>Sometimes</div> <div>Often</div> <div>Always/ nearly always</div> </div> <p>Does the prospect of missing a fix (or dose) make you anxious or worried?</p> <div> <div>Never/ almost never</div> <div>Sometimes</div> <div>Often</div> <div>Always/ nearly always</div> </div> <p>Do you worry about your use of Cocaine?</p> <div> <div>Never/ almost never</div> <div>Sometimes</div> <div>Often</div> <div>Always/ nearly always</div> </div> <div>Submit</div> </div> </div> |

If the answers you provided indicate that you require a referral to the inclusion service, this will open a **Self-Referral Form** for you to complete.

In the **Personal Information** section, you must type in your details.

*Information that must be filled in is marked with a red asterisk, all the boxes in the personal information section must be filled in.*

In the **Current Details** section, you must enter your address and postcode or tick the No Fixed Address option.

You must say whether you are registered to a GP surgery, and you can add the surgery address and postcode if you know these.

Complete the **Your Situation** section.

*Information that must be filled in is marked with a red asterisk, all the boxes in the personal information section must be filled in.*

If you select that you do have a disability the form will expand and ask you to tick all the disabilities that you have.

If you select that you are unemployed an additional question will appear asking how many years you have been unemployed.

## Self-Referral Form



Please complete this referral form and we will contact you.

### Personal Information

|                 |  |                    |   |
|-----------------|--|--------------------|---|
| First Name *    | <input type="text" value="Simon"/>                     | Surname *          | <input type="text" value="Williams"/>                   |
| Date Of Birth * | <input type="text" value="16/02/1990"/>                | Sex at birth *     | <input type="text" value="Male"/>                       |
| Phone Number *  | <input type="text" value="07980123456"/>               | Email Address *    | <input type="text" value="Simon.Williams47@outlook.c"/> |
| Ethnicity *     | <input type="text" value="English/Welsh/Scottish/Nr"/> | Country Of Birth * | <input type="text" value="United Kingdom"/>             |

### Current Details

|  |  |
|--|--|
| Address *                                | <input type="text" value="12 The Avenue&lt;br/&gt;Southampton&lt;br/&gt;Hampshire"/> |
| Postcode *                               | <input type="text" value="SO51 6AL"/>  |
| No Fixed Address                         | <input type="checkbox"/>   |
| Are you registered to a GP surgery? *    | <input type="text" value="Yes"/>   |
| What is the address of your GP surgery?  | <input type="text" value="Abbeywell Surgery&lt;br/&gt;The Abbey&lt;br/&gt;Romsey"/>  |
| What is the postcode of your GP surgery? | <input type="text" value="SO51 8EN"/>  |

### Your Situation

|  |   |   |   |
|--|---|---|---|
| Have you had previous treatment? *       | <input type="text" value="No"/>                       | Are you pregnant? *                     | <input type="text" value="No"/>         |
| Religion                                 | <input type="text" value="No religion"/>              | Do you have a disability? *             | <input type="text" value="Yes"/>        |
| Disabilities (tick all that apply):      |   |   |   |
| No Disability                            | <input type="checkbox"/>                              | Personal, self-care and continence      | <input type="checkbox"/>                |
| Behaviour and emotional                  | <input type="checkbox"/>                              | Physical health condition               | <input type="checkbox"/>                |
| Hearing                                  | <input checked="" type="checkbox"/>                   | Sight                                   | <input type="checkbox"/>                |
| Manual Dexterity                         | <input type="checkbox"/>                              | Speech                                  | <input type="checkbox"/>                |
| Learning Disability                      | <input type="checkbox"/>                              | Other                                   | <input type="checkbox"/>                |
| Mobility and gross motor                 | <input type="checkbox"/>                              | Decline to answer                       | <input type="checkbox"/>                |
| Perception of Physical harm              | <input type="checkbox"/>                              |   |   |
| Your accommodation needs: *              | <input type="text" value="Housing problem - Not in"/> | Employment Status: *                    | <input type="text" value="Unemployed"/> |
| Years unemployed:                        | <input type="text" value="2"/>                        | Are you an armed services veteran?      | <input type="text" value="No"/>         |
| Do you have any mental health conditions | <input type="text" value="No"/>                       | How many under 18's live in your house? | <input type="text" value="0"/>          |

In the **Drugs/Alcohol** section the main substance that you have a problem with will have pulled through from the questions on the home screen.

You must enter your age at first use.

You can tick what other drugs/alcohol that you have used.

You have the option to say whether any of these were used via injection.

In the **Referral** section you must select who referred you to the service from the menu.

In the **Consent to Contact** section, you must tick all the options that you are willing to let the inclusion service use to contact you. You must select at least one option but can tick as many as you like.

A message is displayed explaining what should happen when you click the submit button and informing you what you can do if this does not work. There is also a phone number to contact if the form does not submit correctly 0300 124 0103.

Once you have completed the young persons referral form you must tap on the **Submit** button at the bottom of the form.

You should then see a screen confirming that the form has been submitted successfully.

Click on the **OK** button to return to the home screen.

*If this message does not appear please try and complete and submit the referral again or contact us on 0300 124 0103.*

Drugs / Alcohol

Main problem drug / alcohol: \*

Your age at first use: \*

Other drugs / alcohol used:

|           |                                     |                                   |                          |
|-----------|-------------------------------------|-----------------------------------|--------------------------|
| Alcohol   | <input checked="" type="checkbox"/> | Ketamine                          | <input type="checkbox"/> |
| Heroin    | <input type="checkbox"/>            | NitrousOxide                      | <input type="checkbox"/> |
| Methadone | <input type="checkbox"/>            | GHB                               | <input type="checkbox"/> |
| Cannabis  | <input checked="" type="checkbox"/> | Amphetamines                      | <input type="checkbox"/> |
| Ecstasy   | <input type="checkbox"/>            | AnabolicSteroids/PerformanceDrugs | <input type="checkbox"/> |
| Cocaine   | <input checked="" type="checkbox"/> | Methamphetamine                   | <input type="checkbox"/> |
| Crack     | <input type="checkbox"/>            | Opiates                           | <input type="checkbox"/> |
| NPS       | <input type="checkbox"/>            | Fentanyl                          | <input type="checkbox"/> |
| Solvents  | <input type="checkbox"/>            | Other                             | <input type="checkbox"/> |

Using via Injection?

Referral

Who referred you to this service? \*

Consent to Contact

There are a number of methods we can use to contact you. Please select the method/s below that you consent to us using. \*

|           |                                     |       |                                     |
|-----------|-------------------------------------|-------|-------------------------------------|
| Phone     | <input checked="" type="checkbox"/> | Text  | <input checked="" type="checkbox"/> |
| Voicemail | <input type="checkbox"/>            | Email | <input checked="" type="checkbox"/> |
| Letter    | <input type="checkbox"/>            |       |                                     |

Once the form is submitted, you will be presented with a screen confirming your submission was successful. If you are not presented with this screen, please try again or contact us via phone on 0300 124 0103

Submit

Thank you for your submission.

NHS  
inclusion

Self-referral Completed  
Successfully

Thank you for your submission.

We can confirm that your referral has been received and a member of the team will contact you within the next 3 working days.

(If you are making the referral on behalf of someone else, we will contact them directly instead)

In the meantime if your circumstances change or you are in need or urgent support please call us directly on 0300 124 0103 and select your service from the options provided.

In the event of a medical emergency, please call 999. If you think you need medical help right now, please call 111.

OK



If the answers provided on the Alcohol use self-survey/ Severity of Dependence Scale do not indicate that you require a referral you will be taken to a Lower Risk screen where you can access leaflets providing advice on how to deal with these substances.

If your drug use changes or you want support from Inclusion, please use this form to get in touch - <https://inclusionhants.org/>.

## Lower Risk

Based on your answers, your drug use seems to be in the lower risk category.

This means you may benefit from some information about the drug you are using.

If your drug use changes or you want support from Inclusion, please use this form to get in touch - [Inclusions website](https://inclusionhants.org/).



## Information Leaflets

