Motiv8 ADDICTION SERVICES

Family Referral Form

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1. Referral Type

Who is making the referral? Please indicate the type of referral below and only complete the section most relevant to you:

Self-Referral: I am referring myself and my family to the M-PACT Programme

Name:	Contact number:	E-mail (if available):	Date:

Family Referral: I am referring other members of my family to the programme

Name:	Contact number:	E-mail (if available):	Date:

Professional Referral: I am a professional referring a family myself (or other colleagues) work with

Name:	Role and organisation:	Contact number:	E-mail:	Date:

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2. Making a Referral

The M-PACT programme supports whole families, including children aged 8 years old and over who are impacted by addiction.

Making a referral to the programme is the first step to joining M-PACT. A member of the M-PACT team will review the information you have provided in this referral form and will contact the person who has made the referral directly.

From there, the family members (children and adults), who would like to take part in the programme will be invited to attend an assessment with the M-PACT team.

The assessment will ask more questions about the family circumstances to help ensure the programme is right for the family at that time.

If you have any questions about this form, the programme or referral process, please contact:

Name:	Family Service Team
Organisation:	Motiv8 Addiction Services
Telephone Number:	01624 627656
E-mail Address:	contact@motiv8.im

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3. Family Information

Please complete for every family member who would like to take part in the M-PACT programme.

Adults (aged 18 years or older):

No:	Name:	Gender:	Age:	Address:	Phone number:	E-mail:	Please tick: is this family member:
1							☐ Affected by another family member's addiction ☐ In addiction themselves ☐ In recovery from addiction
2							☐ Affected by another family member's addiction ☐ In addiction themselves ☐ In recovery from addiction
3							☐ Affected by another family member's addiction ☐ In addiction themselves ☐ In recovery from addiction

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Children aged 8 to 17 years old:

No:	Name:	Gender:	Age:	Address:	Child's parent/caregiver name and contact number:	Any helpful information about this child:
1					Name: Phone number:	
2					Name: Phone number:	
3					Name: Phone number:	
4					Name: Phone number:	

4. Referral Information

Please tell us who in the family is experiencing or has experienced their own addiction:

How are adult family members affected by this?

How are child family members affected by this?

How do you think the M-PACT programme can help you / the family?

Are you concerned about any person's safety in the family? If yes, please give us some more details about this:

5. Please send this Referral Form to:

Name:	Organisation:	E-mail:
Family Service Team	Motiv8 Addiction Services	contact@motiv8.im