



1. DETAILS											
Name of Referred Person:		Date of Birth:	CHI number:								
Address:		Contact Telephone number(s):									
Email Address (optional):		GP Details:									
Other Professionals involved (if relevant):	Advise phone call or text within 24hrs is default contact method. Alternative instructions for contact (method, 2nd named contact etc; optional):										
Best time to contact: Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/>											
2. REFERRER'S DETAILS											
Name of Referrer:		Job Designation:									
Address & Contact Number of Referrer:											
Email Address:											
3. FURTHER INFORMATION											
Please provide details of why this person is being referred to the Distress Brief Intervention Level Two Service. Please include details of the Presenting Problem in relation to distress (e.g. self harm, low mood, stress, distress, etc):											
Please include details of Contributing Factors (if known) and how DBI can support (e.g. alcohol use, relationship problem, money worries, employment issues, housing worries, etc):											
Are there any known risks to self (e.g. suicidal thoughts, self harm etc), from others (e.g. physical, sexual, emotional etc), or related to substance use:											
Ask the Distress Rating Question: Can I ask you to think about when your distress was at its worst today. How would you rate your level of distress at that time between 0 (No Distress) and 10 (Extreme Distress)											
0	1	2	3	4	5	6	7	8	9	10	
(No Distress)											(Extreme Distress)
Has the individual admitted to being under the influence of alcohol or other substances at the time of referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to answer <input type="checkbox"/>											
Has the Information Sheet been given to the person in distress? Yes <input type="checkbox"/> No <input type="checkbox"/>											
4. TO BE COMPLETED BY REFERRER; Risks to others											
Information may be disclosed to the level two provider under Data Protection Act 2018 Schedule 2, Part 1, Section 2, subject to considerations of relevancy and proportionality, if this person is known to be violent , and it is likely that the safety of the level two provider will be compromised. Please provide relevant information below.											
Signed (referrer):		Date & Time (when seen):									
Please email this referral form to Penumbra.DBITayside@nhs.scot											