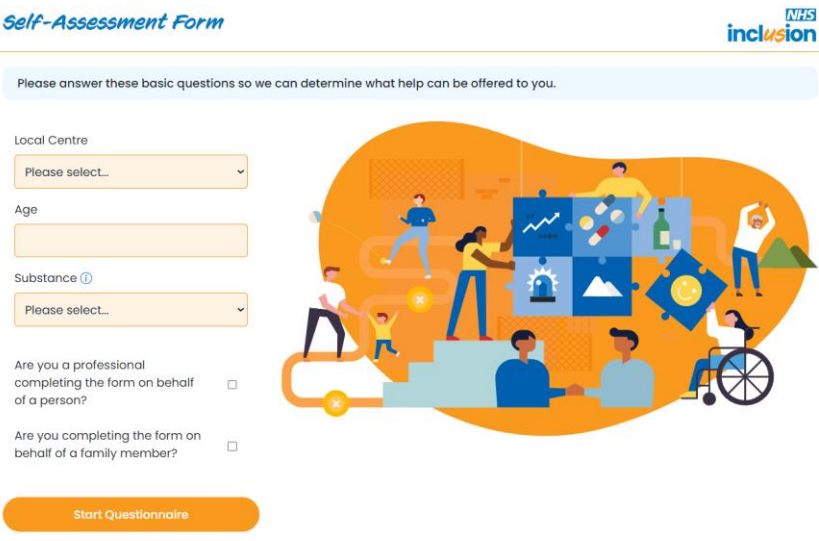
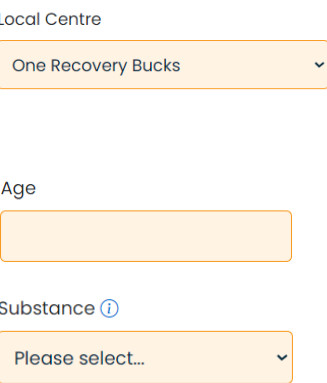



Making a Family Member Referral to the Inclusion Service (One Recovery Bucks)

This guide will show you how to complete the self assessment form for the One Recovery Bucks service if you are referring a family member, that you have concerns for, into the service.

No	Step Description	Screenshot
1	<p>How to Access the Self Assessment</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>https://inclusion-referral-uat.mpft.nhs.uk/</p> 
2	<p>Completing the Options on the Home Screen</p> <p>Before you complete the self-assessment, you must select some options on the home screen.</p> <p>Local Centre: for a referral in Buckinghamshire, you must select the One Recovery Bucks option from the menu.</p> <p>Age: enter the age of the family member that you are referring.</p> <p>Substance: you must select the main substance that your family member needs help with from the list.</p>	

	<p>If you are completing the self-assessment on behalf of a family member, you must tick this option.</p> <p>Once you have selected the appropriate options on the home screen you must tap on the Start Family Referral button.</p> <p><i>Note: if you have said that the family member's age is 17 or under a message will appear informing you that the One Recovery Bucks service doesn't provide support for young people in your area, and it displays the web address of the service that does support young people.</i></p> <p>https://cranstoun.org/help-and-advice/young-people/switch-bucks/</p>	<p>Are you completing the form on behalf of a family member? <input checked="" type="checkbox"/></p> <p>Start Family Referral</p> <p>Unfortunately we don't provide support for young people in your area, please find below the details for your local service:</p> <p>https://cranstoun.org/help-and-advice/young-people/switch-bucks/</p>																												
5	<p>Completing the Self Assessment Form for a Family Member</p> <p>This will take you to the Family Referral screen.</p> <p>In the Personal Information section, you must type in the details for the family member you are making the referral for.</p> <p><i>Information that must be filled in is marked with a red asterisk, all the boxes in the personal information section must be filled in.</i></p> <p>In the Address section, you must enter the address and postcode of your family member or tick the No Fixed Address option.</p> <p>In the Current Details section, you must say whether they are registered to a GP surgery, and you can add the surgery address and postcode if you know these.</p>	<p><i>Family Referral</i> </p> <p>Personal Information</p> <table><tr><td>First Name *</td><td><input type="text" value="Simon"/></td><td>Surname *</td><td><input type="text" value="Williams"/></td></tr><tr><td>Date Of Birth *</td><td><input type="text" value="16/02/2006"/></td><td>Sex at birth *</td><td><input type="text" value="Male"/></td></tr><tr><td>Phone Number *</td><td><input type="text" value="07980123456"/></td><td>Email Address *</td><td><input type="text" value="simon.williams47@Outlook.com"/></td></tr><tr><td>Country Of Birth *</td><td><input type="text" value="United Kingdom"/></td><td>Preferred Language if Not English *</td><td><input type="text" value="English"/></td></tr></table> <p>Address</p> <table><tr><td>Address *</td><td><input type="text" value="12 The Avenue
Bradwell Common
Milton"/></td></tr><tr><td>Postcode *</td><td><input type="text" value="MK13 3BB"/></td></tr><tr><td>No Fixed Address</td><td><input type="checkbox"/></td></tr></table> <p>Current Details</p> <table><tr><td>Is your family member registered to a GP surgery? *</td><td><input type="text" value="Yes"/></td></tr><tr><td>What is the address of your family member's GP surgery?</td><td><input type="text" value="Central Milton Keynes Medical Practice
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In the **Substances** section the main substance that your family member has a problem with will have pulled through from the questions on the home screen.

You can tick what other drugs/alcohol that your family member has used.

In the **Consent to Contact** section, you must tick all the options that your family member is willing to let the inclusion service use to contact them about the referral. You must select at least one option but can tick as many as they are willing for the service to use.

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 772 9672.

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 772 9672.

Substances

Main problem substance: *

Other substances 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 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"/>

Consent to Contact

There are a number of methods we can use to contact them. Please select the method/s below that the person consents to us using. *

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

Additional Information

Any Other Information

Additional Information can be added in this section as required

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 772 9672

Submit

Thank you for your submission.

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 772 9672 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

