

VSA Referral Form

Re-Solv can provide additional support for adults using volatile substances in the West Midlands. If your client is aged 17 or over and would like us to contact them, please complete the form below and email it securely to nicola.jones@re-solv.org or post to Nicola Jones, Re-Solv, 30a High Street, Stone, ST15 8AW or phone it through to Nicola on 01785 817885.

Client First Name: Age:

Town or county:

1. What product(s) do you inhale?

- Butane gas from cigarette lighter refills Butane gas from aerosols Petrol
 Glue Poppers Nitrous Oxide Other

2. How often do you use?

- Daily Weekly Other

3. How much do you use (e.g. how many cans)?

4. Do you use Alone With other people?

5. Do you smoke? No Yes

6. Do you use other substances? No Yes

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7. How would you like Re-Solv to contact you?

- Phone Text

- Email

8. Is there a good time/day to contact you?

9. Are there any times Re-Solv shouldn't contact you?

I confirm that the client named above has given me permission to share these personal details with Re-Solv.

Referring Keyworker's Name:

Agency: Contact Phone:

Contact Email: