

<b>Assessment Date:</b>	<b>Referrer name and contact: (if not client)</b>		
<b>Previously in treatment? If so, where? When?</b>			
<b>Military Service</b> Any mobilised service (inc. TA) Yes/No	Which armed forces: For alcohol clients: do they want referral to STAND TO? Yes/No <b>If yes, complete Stand To Triage Form</b>		

<b>First Name:</b>		<b>Surname</b>		<b>Gender:</b>	
<b>Address:</b>					
<b>Tel. No.</b>			<b>Preferred contact</b> (letter, phone, text)		
<b>Mobile No.</b>					
<b>Permission to send text reminders:</b>	Yes/No				
<b>Date of Birth:</b>	<b>NHS No if known:</b>				
<b>GP Name &amp; Address</b>					
<b>Next of Kin – name, address &amp; contact No.</b>					
<b>Ethnicity:</b>				<b>Communication:</b>	
White British		Pakistani		<b>First language</b> (if English is not first):	
White Irish		Bangladeshi			
African		Chinese			
Indian		Caribbean		<b>Interpreter required</b>	Yes/No
White & Asian		White & Black Caribbean			
Other White		Other Black			
Other Mixed		Other Asian		<b>Country of origin:</b>	please state:
Any other Ethnic Group		Other			
		Not Stated			

<b>Sexual orientation:</b>					
Heterosexual		Gay/Lesbian/Homosexual		Bi Sexual	Other
Person asked and does not know or is not sure				Not disclosed	

<b>Religion:</b>					
Non believer		Buddhist		Baha'i	Hindu
Christian		Jewish		Jain	Muslim
Pagan		Sikh		Zoroastrian	Not given/not known

<b>Disability:</b> Up to three can be selected.					
Behaviour & emotional		Mobility & gross motor		Sight	Not stated
Hearing		Perception of physical danger		Speech	
Manual dexterity		Personal, self care & continence		Other	
Learning disability		Progressive conditions & physical health		No disability	

<b>Substance</b> (Drug/alcohol use that brought the client into drug treatment)	<b>Route</b> IV, IM, Smoke, Oral or Snort	<b>Prescribed</b> Yes or No	<b>Used in last 4 weeks</b> Yes or No	<b>Age of first use</b>	How many days in the last 28 used	Quantity/ Number of units weekly (estimated)
<b>Main Substance:</b>						
<b>Secondary:</b>						
<b>Tertiary:</b>						

<b>Alcohol Type</b> Select one option			
Beer or Cider	Mixture of Alcohol	Spirits	Wine & Fortified Wine

<b>Drinking Days</b>			
Drinking days in last 28 days		Units drank on drinking days	

<b>Injecting Status</b> If service user is currently injecting, discuss safer injecting and make aware of needle exchange service.			
Injected in last 28days		Previously injected	Never injected
<b>Shared injecting paraphernalia</b>			
Shared equipment		Never shared equipment	

#### SAFEGUARDING

<b>Parental Status</b> (Do not include 18 and overs)					
All the children live with the client (Inc. part weeks)			Some of the children live with the client (Inc. part weeks)		None of the children live with the client
Not a parent	Declined to answer	<b>Parental status:</b> includes biological parents, step parents, foster parents, adoptive parents and guardians. Also include where an adult lives with the parent of a child or the child alone (e.g. clients who care for younger siblings or grandchildren) and have taken on full or partial parental responsibilities.			
Number of children living with client			<b>Client pregnant</b>		<b>Partner pregnant</b>

<b>Accommodation Type:</b>					
Approved premises		Direct access short stay hostel		Frequent use of night hostels	
Rented – private landlord		Owns own home		Lives in squat	
Local authority registered		Night winter shelter		Settled with friends/family	
Short term B&B/hotel		Sleeping out		Rented – social landlord	
Staying with different friends each night		Staying with friends as a short term guest		Traveller	

<b>Employment status:</b>					
Other		Not known		Regular employment	
Student		Long term sick/disabled		Homemaker	
Seeking work		Not receiving benefits		Unpaid work	
Chooses not to disclose		Retired from paid work		Never employed	

<b>Time since last paid employment:</b>					
Currently employed		Never employed		Declined to answer	
Number of years since last employed:					

<b>Criminal Justice status:</b> Risk Information Required					
On licence		On Probation		On court/police bail	
On DRR		On PPO/IOM scheme		DELIUS	
RAR		ATR		CODE	

**Notes**

Professional completing form:

Signed

Date:

Service User Name: