

STAND TO (HUB) INITIAL TRIAGE ASSESSMENT FORM

Assessment Date:		Referrer name and contact: (if not client)	
Previously in treatment?	If so, where?	When?	
Military Service inc. Any mobilised service (inc. TA)	How long did they serve? From: To:	In which armed forces have they served:	

First Name:			Surname			Gender:
Address:						
Tel. No.				Preferred contact (letter, phone, text)		
Mobile No.						
Permission to send text reminders:			Yes/No			
Date of Birth:	NHS No if known:					
Age range: (tick)	0-24	25-64	65 -74	75+		
GP Name & Address						
Next of Kin – name, address & contact No.						
Ethnicity:			Communication:			
White British		Pakistani		First language (if English is not first):		
White Irish		Bangladeshi				
African		Chinese				
Indian		Caribbean		Interpreter required	Yes/No	
White & Asian		White & Black Caribbean				
Other White		Other Black				
Other Mixed		Gypsy or Irish traveller		Country of origin:	please state:	
Any other Ethnic Group		Mixed ethnic background				
		Not Stated				

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

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

Disability: 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			

Alcohol Select one option				
Pattern of drinking (Daily, binge, occasional)	What kind of Alcohol?		Risk level : increasing risk/ higher risk/dependency	Weekly units
Units consumed generally on drinking days		Withdrawals: shaking/ sweating/increased anxiety?	Any history of withdrawal fits?	
Any alcohol related hospital admissions?				

Drug use				
Any <u>non prescribed</u> drug use: yes/no		If so what is being used?		How often, by which route?

SAFEGUARDING/CARING

Parental Status (Do not include 18 and overs)				
Number of children living with client			Children of the client living elsewhere	With whom do children live?
Not a parent		Declined to answer	Parental status: 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.	
Is client a carer with caring responsibilities?			Is client pregnant?	Is client in receipt of care themselves?

Accommodation Type:				
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 (if so)
				Gypsy or Irish or other

Employment status:				
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

Time since last paid employment:				
Currently employed		Full/part time		Declined to answer
Not currently employed		When last employed outside of armed forces:		

Criminal Justice status: (if applies) Risk Information				
On licence		On Probation		On court/police bail
On DRR		On PPO/IOM scheme		DELIUS

RAR		ATR		CODE	
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Mental and emotional Health and well-being: (any mental health diagnosis,? Being seen by Mental Health services, History of mental health problems? PTSD ?

Is client currently in treatment for mental health issues? Yes/No

Physical Health issues? Any ongoing physical health problems or known conditions?

What does client indicate they want from STAND TO Service:

Recovery support/ alcohol counselling for abstinence/controlled drinking /relapse prevention/detox and or residential support :

Any further information which may be useful for STAND TO worker?

Professional completing form:	Signed	Date:
Service User Name:		

