Welcome to change, grow, live

Part 1: Triage Form

What would you like to achieve by engaging with us?	Date of referral:

Have you previously received treatment for substance misuse? ☐ Yes ☐ No

Referrer details (If you are completing this form for yourself you don't need to do this section):
Name and job title:
Agency:
Preferred means of contact:
Is the person you are referring motivated to engage in this service? ☐ Yes ☐ No
Please comment:
Would you like feedback on the outcome of this referral? ☐ Yes ☐ No

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Other:	First name: Surname:	D.O.B: Age:

Address and Postcode	Telephone number: Mobile number: Can we text you on the mobile number/s you have provided? ☐ Yes ☐ No

Email address:

GP Surgery:	NHS Number:

Gender:	**Relationship:**	**Sexual Orientation:**
What gender do you currently identify as? ☐ Male ☐ Female ☐ Prefer not to say If you prefer to use your own term please provide it here:	☐ Single ☐ With a partner ☐ Married ☐ Separated ☐ Widowed ☐ Divorced ☐ Civil Partnership ☐ If you prefer to use your own term please provide it here:	☐ Gay Women/Lesbian ☐ Gay Man ☐ Bisexual ☐ Heterosexual ☐ Unsure ☐ Prefer not to say If you prefer to use your own term please provide it here:

Nationality:		
☐ British	☐ Romanian	☐ Lithuanian
☐ Polish	☐ Portuguese	☐ French
☐ Indian	☐ Italian	☐ American
☐ Irish	☐ Pakistani	☐ Other (Please provide details):

Ethnic Origin:		
☐ White British	☐ White & Asian	☐ Black/Black British Caribbean
☐ White Irish	☐ Asian/Asian British Indian	☐ Black/Black British African
☐ Other White	☐ Asian/Asian British Pakistani	☐ Other – Chinese
☐ White & Black Caribbean	☐ Asian/Asian British Bangladeshi	☐ Traveller/Gypsy
☐ White & Black African	☐ Asian/Asian British Other	☐ Other (Please provide details):
	☐ Other Mixed	

Religion:	☐ Hindu	☐ Pagan	☐ None
☐ Baha'i	☐ Jain	☐ Sikh	☐ Prefers not to say
☐ Buddhist	☐ Jewish	☐ Zoroastrian	☐ Unknown
☐ Christian	☐ Muslim	☐ Other	

Language:

Do you require an interpreter? ☐ Yes ☐ No

Do you require support through a British Sign Language Interpreter? ☐ Yes ☐ No

Disability:

Do you consider yourself to have a disability? ☐ Yes ☐ No If yes please provide details:

Employment Status:	☐ Long term illness	Last time since paid employment:
☐ Regular employment	☐ Ex Armed Services	☐ Less than 1 year
☐ Student	☐ Current Armed Services	☐ 1 – 2 years
☐ Unpaid work (voluntary)	☐ Unemployed (receiving no benefits)	☐ 2 – 3 years
☐ Homemaker	☐ Unemployed (seeking work)	☐ 3+ years
☐ Retired	☐ Other	☐ Currently employed
		☐ Never employed
		☐ Prefer not to say

Ex-Service Person?: ☐ Air-Force ☐ Army ☐ Navy **Smoking Status:** ☐ Current ☐ Previous ☐ Never

Accommodation:		**Accommodation Status:**
☐ Council	☐ Settled with friends/family	☐ Problem with Housing
☐ Housing Association	☐ Short term hostel	☐ No housing problem
☐ NFA	☐ Sofa Surfing	☐ Homeless
☐ Owned Property	☐ Supported Housing	Please provide details:
☐ Rented	☐ Temporary	
☐ Rough Sleeper	☐ Other:	

Children:

Currently pregnant: ☐ Yes ☐ No ☐ Unsure Due Date (mm/yyyy): _____

Partner currently pregnant: ☐ Yes ☐ No ☐ Unsure

Currently live with or have regular contact with children under 18? ☐ Yes ☐ No

Do you currently provide care in a paid or voluntary capacity for anyone else? ☐ Yes ☐ No

Are you currently worried about your safety or the safety of someone you know? ☐ Yes ☐ No

If you answered yes to either of the above questions please provide further details below:

Next of Kin: (we will only contact this person in a case of an emergency)

Do you consent to us sharing information with this person? ☐ Yes ☐ No

Drug and/or Alcohol Use	
Main substance is: Age First Used: How do you use: ☐Inject ☐Sniff ☐Smoke ☐Oral ☐Other	How often do you use? How much do you use? How much do you spend a week on this substance?
Second substance is: Age First Used: How do you use: ☐Inject ☐Sniff ☐Smoke ☐Oral ☐Other	How often do you use? How much do you use? How much do you spend a week on this substance?
Third substance is: Age First Used: How do you use: ☐Inject ☐Sniff ☐Smoke ☐Oral ☐Other	How often do you use? How much do you use? How much do you spend a week on this substance?
Do you use Novel Psychoactive Substances (Legal/Illegal Highs) ☐ Yes ☐ No ☐ Previously If yes please list:	Do you use any volatile substances? (Gas, Glue, Aerosols) ☐ Yes ☐ No ☐ Previously If yes please list:
Do you use Steroids or any other image/performance enhancing drugs? ☐ Yes ☐ No ☐ Previously If yes please list:	Do you use any over the counter medications (such as Co-codamol, Paracetamol)? ☐ Yes ☐ No ☐ Previously If yes please list:
Injecting: Have you ever injected drugs: ☐ Never injected ☐ Previously injected ☐ Currently inject **If you have previously injected drugs:** At what age did you first inject? Have you injected in the last 28 days? ☐ Yes ☐ No Have you ever shared injecting equipment? ☐ Yes ☐ No Have you shared injecting equipment in last 28 days? ☐ Yes ☐ No Have you ever allowed someone else to inject you? ☐ Yes ☐ No	

Mental Health:
Are you currently working with a Mental Health Service?
☐ Yes ☐ No

If yes, which team?:

Criminal Justice:
Are you currently working with Criminal Justice Services (e.g. Police, National Probation Service, Community Rehabilitation Companies, Prisons)?
☐ Yes ☐ No **If no please go to next section 'Referrer details.'**

If yes, what prompted the contact?
☐ Required Assessment Imposed Following Positive Drug Test
☐ Conditional Cautioning
☐ Pre-Sentence Report
☐ Required by Offender Management Scheme
☐ DRR/ATR
☐ Restriction On Bail
☐ Voluntary – Following Release From Prison
☐ Voluntary – Following Cell Sweep
☐ Voluntary – Other
☐ Following Referral by Treatment Provider (Post Treatment)
☐ Requested By Offender Manager
☐ Rehabilitation Activity Requirement (RAR)
☐ Integrated Offender Management (IOM)
☐ Prolific and Priority Offender (PPO)
☐ Multi-agency Public Protection Arrangements (MAPPA)
☐ Other

What is offence and date of the offence that prompted your contact with criminal justice services?

If you have recently been released from prison, what date were you released and from which prison?

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