**Welcome to Change Grow Live**

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| **Triage Form Please complete every question** | | | | | | | |
| Are you completing this for yourself? 🞏 Yes 🞏 No  Have you ever received support from this service before? 🞏 Yes 🞏 No  Which Service do you want to access? YP 🞏 Adult 🞏 Family 🞏 PIPS 🞏 Spotlight🞏 Criminal Justice 🞏 ATR 🞏 DRR 🞏 | | | | | | | |
| What would you like to achieve by engaging with us? | | | | | | Date of referral: | |
| 🞏 Mr  🞏 Mrs  🞏 Miss  🞏 Ms  Other: | First name: | | | | | D.O.B: | |
| Surname: | | | | | Age: | |
| Address and Postcode | | | | Telephone number: | | | |
| Mobile number:  Do you consent to receive Text Message reminders? 🞏Yes 🞏 No | | | |
| GP Surgery:  NHS Number: | | | |
| Email address | | | | | | | |
| Do you consent to text messages🞏 phone call 🞏 letter 🞏 GP contact 🞏 Home Visit 🞏 Peer Mentor 🞏 Via Partner/Family 🞏 Social Media 🞏 | | | | | | | |
| **Gender:**  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: | | | **Relationship:**  🞏 Single  🞏 With a partner  🞏 Married  🞏 Separated  🞏 Widowed  🞏 Divorced  🞏 Civil Partnership  🞏 If you prefer to use your own term please provide it here: | | **Sexual Orientation:**  🞏 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:** *(based on top 10 nationalities as identified by ONS)* | | | | | | | |
| |  | | --- | | 🞏 British  🞏 Polish  🞏 Indian  🞏 Irish | | | | 🞏 Romanian  🞏 Portuguese  🞏 Italian  🞏 Pakistani | | 🞏 Lithuanian  🞏 French  🞏 American  🞏 If other please provide details: | | |
| **Ethnic Origin:**  🞏 White British  🞏 White Irish  🞏 Other White  🞏 White & Black  🞏 Caribbean  🞏 White & Black African | | | 🞏 White & Asian  🞏 Asian/Asian British Indian  🞏 Asian/Asian British Pakistani  🞏 Asian/Asian British Bangladeshi  🞏 Asian/Asian British Other  🞏 Other Mixed | | 🞏 Black/Black British Caribbean  🞏 Black/Black British African  🞏 Other – Chinese  🞏 Traveller/Gypsy  🞏 Other  If other please provide details: | | |
| **Religion:**  🞏 Baha’i  🞏 Buddhist  🞏 Christian | | 🞏 Hindu  🞏 Jain  🞏 Jewish  🞏 Muslim | | 🞏 Pagan  🞏 Sikh  🞏 Zoroastrian  🞏 Other | | | 🞏 None  🞏 Prefers not to say  🞏 Unknown |

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| **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:   |  |  | | --- | --- | | **Drug and/or Alcohol Use** | | | Main substance of choice: *example* Cider/Lager/Wine/Spirits Age First Used:  How do you use: 🞏Inject 🞏Sniff 🞏Smoke 🞏Oral 🞏Other  **Can you please give a brief summary of substance use:** | | | Second substance of choice: *example* Cider/Lager/Wine/Spirits Age First Used:  How do you use: 🞏Inject 🞏Sniff 🞏Smoke 🞏Oral 🞏Other  **Can you please give a brief summary of substance use:** | | | **Are you currently receiving support from another Drug/ Alcohol Service?**  🞏 Yes  🞏 No  🞏 Previously  If yes please provide a contact name and name of service: | **Have you received Structured Treatment Support from Tameside or any other Drug/ Alcohol Service in the past?**  🞏 Yes  🞏 No    Please give details: | | **Smoking Status:**  🞏 Current 🞏 Previous 🞏 Never  Currently pregnant: 🞏 Yes 🞏 No 🞏 Unsure Partner currently pregnant: 🞏 Yes 🞏 No 🞏 Unsure | **Do you use any of the following substances, now or**  **previously?**  NPS/ Legal Highs? 🞏 Yes 🞏 No 🞏 Previously  Steroids/ PIED? 🞏 Yes 🞏 No 🞏 Previously  Over the counter medication? 🞏 Yes 🞏 No 🞏 Previously  Gas/ Glue/ Aerosols? 🞏 Yes 🞏 No 🞏 Previously  Please give details: | | **If you are completing this form for yourself you don’t need to do this section:**  **Referrer details:**  Name and job title:  Agency:  Preferred means of contact:  Does the person know you are referring them? 🞏 Yes 🞏 No  Do they want to be referred? 🞏 Yes 🞏 No  Would you like feedback on the outcome of this referral? 🞏 Yes 🞏 No | | | | |
| **Employment Status:**  🞏 Regular employment 🞏 Student  🞏 Unpaid work (voluntary) 🞏 Homemaker | 🞏 Long term illness  🞏 Unemployed (receiving no benefits)  🞏 Unemployed (seeking work)  🞏 Other  🞏 Retired | **Accommodation Status:**  🞏 Problem with Housing  🞏 No housing problem  🞏 Homeless  Please provide details: |
| **Have you ever been or are you currently employed by the Armed Forces?** | 🞏 Yes 🞏 No If yes please provide details: |  |
| **Parental Status:**  🞏 Not A Parent  🞏 All Children Live with the Client  🞏 None of the Children live with the client  🞏Some of the children live with the client  🞏Client Declined to Answer | **Children Living with:**  Any Children under 18 *(Please specify number of Children and where they live)*  🞏 Yes 🞏 No  Children with Client:  With Partner/ Ex- Partner:  With Grand-Parent:  With Other Family Member:  Children in Care:  Children Elsewhere: | |
| 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:  Are there any other Health issues (Mental Health/Physical Health) you can tell us about? | | |
| 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 | | |

Change Grow Live will keep your information confidential within the service provision you are accessing - unless you give us permission to share information.  The only time we may breach your confidentiality without consent is if we are concerned that someone else is at significant risk of harm, such as a child/children or other vulnerable persons, or you yourself are at significant risk of harm.  In such instances we will seek to inform you before we share information.

Please tick here to confirm you have been made aware of this 

In the event that this session leads us to agreeing that another service/services are best placed to support you, we will need to share information about you with them to make a referral\*

Please tick here if you have been made aware and consent to this

\*(name/type of service will be agreed at the end of the triage)