**Welcome to change, grow, live**

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| **Triage Form** | | | | | | | | |
| Are you completing this for yourself? o Yes o No  Have you ever received support from this service before? o Yes o No | | | | | | | | |
| What would you like to achieve by engaging with us? | | | | | | | Date of referral: | |
| How did you hear about the service? | | | | | | | | |
| oA&E advertisement  oCGL website  oDirectory  oEmployment service  oEvent  oFamily member or friend | | | | oLeaflet, flyer, poster, business card  oMedical professional (specify)\_\_\_\_\_\_\_\_\_  oNews article  oOnline search  oPartner agency  oPolice/probation/court referral | | | oPrison  o GP  oSocial media  oSocial services  oHospital  oOutreach / Hostel | |
| o Mr  o Mrs  o Miss  o Ms  Other: | First name: | | | | | | D.O.B: | |
| Surname: | | | | | | Age: | |
| Address and Postcode | | | | | Telephone number: | | | |
| Mobile number: | | | |
| NHS Number: | | | |
| Email address: | | | | | | | | |
| **Gender:**  What gender do you currently identify as?  o Male  o Female  o Prefer not to say  If you prefer to use your own term please provide it here: | | | **Relationship:**  o Single  o With a partner  o Married  o Separated  o Widowed  o Divorced  o Civil Partnership  o If you prefer to use your own term please provide it here: | | | **Sexual Orientation:**  o Gay Women/Lesbian  o Gay Man  o Bisexual  o Heterosexual  o Unsure  o 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)* | | | | | | | | |
| |  | | --- | | o British  o Polish  o Indian  o Irish | | | | o Romanian  o Portuguese  o Italian  o Pakistani | | | o Lithuanian  o French  o American  o If other please provide details: | | |
| **Ethnic Origin:**  o White British  o White Irish  o Other White  o White & Black  o Caribbean  o White & Black African | | | o White & Asian  o Asian/Asian British Indian  o Asian/Asian British Pakistani  o Asian/Asian British Bangladeshi  o Asian/Asian British Other  o Other Mixed | | | o Black/Black British Caribbean  o Black/Black British African  o Other – Chinese  o Traveller/Gypsy  o Other  If other please provide details: | | |
| **Religion:**  o Baha’i  o Buddhist  o Christian | | o Hindu  o Jain  o Jewish  o Muslim | | | o Pagan  o Sikh  o Zoroastrian  o Other | | | o None  o Prefers not to say  o Unknown |

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| **Language:**  Do you require an interpreter? o Yes o No  Do you require support through a British Sign Language Interpreter? o Yes o No | | | |
| **Disability:**  Do you consider yourself to have a disability? o Yes o No If yes please provide details: | | | |
| **Employment Status:** o Regular employment o Student  o Unpaid work (voluntary) o Homemaker  o Retired | o Long term illness  o Ex Armed Services  o Current Armed Services  o Unemployed (receiving no benefits)  o Unemployed (seeking work)  o Other | | **Accommodation Status:**  o Problem with Housing  o No housing problem  o Homeless  Please provide details: |
| **Time since last paid employment:**  o Less than 1 year o 1 – 2 years | o 2- 3 years o Currently employed o Prefer not to say  o 3+ years o Never employed | | |
| **Smoking Status:**  o Current o Previous o Never | | Currently pregnant: o Yes o No o Unsure Partner currently pregnant: o Yes o No o Unsure | |
| Do you currently provide care in a paid or voluntary capacity for anyone else? o Yes o No  Are you currently worried about your safety or the safety of someone you know? o Yes o 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? o Yes o No | | | |

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| **Drug and/or Alcohol Use** | |
| Main substance of choice: Age First Used:  How do you use: oInject oSniff oSmoke oOral oOther  How often do you use?  How much do you use?  How much do you spend a week on this substance? | |
| Second substance of choice: Age First Used:  How do you use: oInject oSniff oSmoke oOral oOther  How often do you use?  How much do you use?  How much do you spend a week on this substance? | |
| Third substance of choice: Age First Used:  How do you use: oInject oSniff oSmoke oOral oOther  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)  o Yes  o No  o Previously  If yes please list: | Do you use any volatile substances? (Gas, Glue, Aerosols)  o Yes  o No  o Previously  If yes please list: |
| Do you use Steroids or any other image/performance enhancing drugs?  o Yes  o No  o Previously  If yes please list: | Do you use any over the counter medications (such as Co-codamol, Paracetamol)?  o Yes  o No  o Previously  If yes please list: |
| **Injecting:**  Have you ever injected drugs: o Never injected o Previously injected o Currently inject  **If you have previously injected drugs:**  At what age did you first inject?  Have you injected in the last 28 days? o Yes o No  Have you ever shared injecting equipment? o Yes o No  Have you shared injecting equipment in last 28 days? o Yes o No  Have you ever allowed someone else to inject you? o Yes o No | |
| **Criminal Justice:**  **Are you currently working with Criminal Justice Services (e.g. Police, National Probation Service, Community Rehabilitation Companies, Prisons)?**  o Yes o No **If no please go to next section ‘Referrer details.’**  **If yes, what prompted the contact?**  o Required Assessment Imposed Following Positive Drug Test  o Conditional Cautioning  o Pre-Sentence Report  o Required by Offender Management Scheme  o DRR/ATR  o Restriction On Bail  o Voluntary – Following Release From Prison  o Voluntary – Following Cell Sweep  o Voluntary – Other  o Following Referral by Treatment Provider (Post Treatment)  o Rehabilitation Activity Requirement (RAR)  o Integrated Offender Management (IOM)  o Multi-agency Public Protection Arrangements (MAPPA)  o 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?** | |
| **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? o Yes o No  Do they want to be referred? o Yes o No  Would you like feedback on the outcome of this referral? o Yes o No | |
| **Triage Outcome:**  o Brief Intervention facilitated and no further action required  o Personalised Assessment required | |