**Welcome to change, grow, live**

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| **Triage Form**  |
| Are you completing this for yourself? o Yes o NoHave 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 advertisementoCGL websiteoDirectoryoEmployment service oEventoFamily member or friend  | oLeaflet, flyer, poster, business cardoMedical professional (specify)\_\_\_\_\_\_\_\_\_oNews articleoOnline searchoPartner agency oPolice/probation/court referral | oPrisono GPoSocial media oSocial services oHospitaloOutreach / Hostel |
| o Mro Mrs o Misso 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 Femaleo Prefer not to sayIf 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 Mano Bisexual o Heterosexualo Unsureo Prefer not to sayIf you prefer to use your own term please provide it here:  |
| **Nationality:** *(based on top 10 nationalities as identified by ONS)* |
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| o British o Polisho 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 Caribbeano Black/Black British Africano 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 Jewisho Muslim  | o Pagano Sikh o Zoroastrian o Other  | o Noneo Prefers not to sayo Unknown |

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| **Language:**Do you require an interpreter? o Yes o NoDo 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 Housingo No housing problemo HomelessPlease 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 NoAre you currently worried about your safety or the safety of someone you know? o Yes o NoIf 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 PreviouslyIf yes please list: | Do you use any volatile substances? (Gas, Glue, Aerosols)o Yeso Noo Previously If yes please list: |
| Do you use Steroids or any other image/performance enhancing drugs? o Yes o No o PreviouslyIf yes please list: | Do you use any over the counter medications (such as Co-codamol, Paracetamol)? o Yes o No o PreviouslyIf 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 NoHave you ever shared injecting equipment? o Yes o NoHave you shared injecting equipment in last 28 days? o Yes o NoHave 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 Reporto Required by Offender Management Schemeo 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 NoDo they want to be referred? o Yes o NoWould you like feedback on the outcome of this referral? o Yes o No |
| **Triage Outcome:**o Brief Intervention facilitated and no further action requiredo Personalised Assessment required  |