

SOUTHAMPTON SUBSTANCE USE INITIAL ASSESSMENT (TRIAGE)

SERVICE USER NAME.....

ASSESSOR..... (23) TRIAGE DATE.....

(6) What was the referral date.....

(22) Which agency initiated the referral.....

(7) Triage Agency.....

CONFIDENTIALITY/DISCLOSURE AGREEMENT

- It is useful to be able to share information ,with your agreement with other service providers with which we work in partnership. These include:-

	Name
<i>Current GP</i>	YES/NO.....
<i>Nearest relative or friend</i>	YES/NO/NA.....
<i>Housing provider</i>	YES/NO/NA.....
<i>Social services</i>	YES/NO/NA.....
<i>Children/Family services</i>	YES/NO/NA.....
<i>Probation Officer</i>	YES/NO/NA.....
<i>Mental Health Service</i>	YES/NO/NA.....
<i>Health Visitor/Nurse</i>	YES/NO/NA.....
<i>Midwife</i>	YES/NO/NA.....
<i>Benefit Agency</i>	YES/NO/NA.....
<i>Others</i>

- Is there anyone specific to whom information should be withheld?
- Apart from the agreements you have given, the information provided today is confidential to this service. If it is assessed there are significant risks of harm to self or to others or from others, the facts of that risk may be passed on to the relevant agency/agencies.
- If, following this initial assessment, your treatment is provided by or shared with another treatment service, copies of this information will be sent to that provider.
- There is an expectation that staff and service users will treat each other with respect . There is a complaints policy to which service users have a right of access; equally, staff have a right to expect to work in a safe environment.
- You have a right to representation through service user advocacy.
- Is there **anything** that may prevent you accessing treatment?
(eg Child care, Literacy, Disability, Language Barriers, Threats or fear of violence from others)
- Has the purpose of anonymised electronic data gathering been explained ? **YES/NO**
- (11) Has informed consent been given to collect this data? **YES/NO**

Would you like **ADVOCACY** or representation through the service user group or any other advocacy project? **YES/NO**

If there are any **CHANGES** in your circumstances since the referral, please identify

(44) PARENTAL status. Delete whichever is inapplicable and expand details in details of children box

Children ?	With client	With client's partner	With other family member	In Care	Client pregnant	Other	No children under 16yrs
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(sdat/pm/110506)

DETAILS OF ANY CHILDREN			DETAILS OF CHILDREN'S CARERS	
First name(s)	Family name	Date of birth	Carers' name	Relationship to child

Any other people at the address? Give details

CURRENT SUBSTANCE USE (In order of significance for client)

	Substance	Frequency	Amount	(19) How taken	(18) Age 1 st used
(17) One					
(20) Two					
(21) Three					

(25) INJECTING STATUS Ever injected? **YES/NO.** Now? **YES/NO.** (39) In last 4 weeks? **YES/NO.**

(40) Has there ever been **any** sharing of drug use paraphernalia? **YES/NO**

PRESCRIBED MEDICATION

Medication	Frequency	Amount	Prescribed by	How long prescribed

PHYSICAL HEALTH. If there is any history, please ✓ where applicable.

Abscesses		Epilepsy/Fitting		High/Low Blood pressure	
Asthma		Heart		Jaundice	
Blood Poisoning		Hep B		Liver	
Diabetes		Hep C		Stomach	
DVT		HIV		Stroke	

Do you have access to dental treatment? **YES/NO.** If YES, name of Dental Practice

If there are **MENTAL HEALTH** symptoms or concerns disclosed, please give details.

(eg deliberate self harm; suicide attempts; suicidal ideation; auditory or visual hallucinations; unexplained low mood or anxiety; anger or aggressive thoughts or behaviours)

If there is already a **MENTAL HEALTH** diagnosis, give details

(eg Depression; psychosis; paranoia; schizophrenia; bi-polar; personality disorder; anxiety/panic attacks)
(Disclosure of relevant prescribed medications may be an indicator of a diagnosis – see prescribed medication)

Should the LMHT or any other mental health facility be contacted?

(Use the assessment at page 8/14 if you do refer)

YES/NO

Indicate what action you have taken

(14) HOUSING . Tick whichever is applicable

NFA	Temporary	Supported	Rented	Traveller	Hostel	Owned
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(45) EMPLOYMENT STATUS. Tick whichever is applicable

Regular Employment	Pupil/student	Economically Inactive eg pensioner, house-wife/husband, invalid	unemployed	Other	Not known
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Any outstanding debts? Eg Fines/HP/Catalogue/Bank/Loans/Credit Card/Dealer/Other

If there is there any involvement in the CRIMINAL JUSTICE SYSTEM , please say if this is current or previous and give details

ARE THERE ANY IMMEDIATE ISSUES TO BE ADDRESSED?

(Which may help or support service user). eg Court report, outstanding warrant, housing, other treatment

What steps have been taken to address these issues?

CLIENT GOALS (include client preferred treatment(s))

RECOMMENDATION

OUTLINE CARE PLAN (include plans for education, training and employment (ETE))

Identified need	Objectives	Interventions	Planned review date

Has service user been provided with a copy of this agreement ?

YES/NO/DECLINED

Signature of service user..... Date.....

(34) Referred to modality
(Referral and triage sent/copied to)..... On date.....

(sdat/pm/110506)

BRIEF DICES

- Describe the risk
- Identify the options
- Choose your preferred option(s)
- Explain your choice
- Share your thinking

This is for the clinician to record an assessment of risk based on their own professional judgement and in consultation with colleagues. Please tick where appropriate and record any evidence/notes below.

General

Reasons/evidence for assessment

Is there abuse of alcohol/drugs?	
Are there mental health problems?	

Risk of suicide

Previous suicide attempts?	
Suicidal thoughts?	
Suicidal plan?	
Sense of hopelessness?	

Risk of self neglect

History of self neglect?	
Inadequate housing?	
Evidence of poor nutrition?	
Evidence of poor hygiene?	

Risk of violence to others

Previous violence towards others?	
Intense frustration in new situation (eg parenting)?	
Talking about or planning to harm others?	
Risk to workers?	

Other risks

History, evidence or suggestion of self harm?	
History or evidence of being exploited by others?	
History or evidence of being a risk to children?	
History or evidence of inappropriate sexual behaviour?	

Additionally

Are there any factors 'in the pipeline' that may suddenly increase the risk?	
Are there any obvious risks this person poses that are not listed above?	

Summarise the RISK

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DOES THE RISK JUSTIFY A SPECIFIC DICES?

If YES, indicate which

YES/NO

- suicide (DICES-S)
- self-neglect (DICES-SN&V)
- violence to others(DICES-V)
- sexual assault (DICE-SA)
- substance-DICE