

Screening summarySource of referral:

- Self
- Parents (Name: _____)
- Teachers (Name: _____)
- Peers (Name: _____)

Interviewed

Y / N

Y / N

Y / N

Y / N

Presenting problems:

1. Drug use/abuse _____
2. Behaviour patterns _____
3. Health status _____
4. Mental health status _____
5. Family system _____
6. School adjustment _____
7. Work _____
8. Social skills _____
9. Peer relationship _____
10. Leisure/ recreation _____

Client screened as:

- Confirmed drug user/abuser:
- The experimental user
 - The non-dependent regular user/abuser
 - The addicted (dependent) abuser
 - The vulnerable ex-user
- *proceed with Assessment guideline*
- Highly likely a drug user/abuser
- *proceed with Assessment guideline*
- Non-drug user, with other problems
- (specify: _____)
- *referral for other service (specify: _____)*
- Non-drug user, with no other problems

Worker's signature: _____

Name: _____

Date: _____