

Assessment summary**(A) Drug history:****(i) Reason for presentation**

Self-referred or Referred from: _____

Reason: _____

(ii) Drug use/abuse

Current drug use: The experimental user
 The non-dependent regular use/abuser
 The addicted (dependent) abuser
 The vulnerable ex-user

Polydrug use: Y / N

Primary drug: _____

Dose: _____ Frequency: _____

Severity of dependence: _____

Withdrawal: Y / N Tolerance: Y / N

Other drugs: _____

Past drug(s) use: _____

(iii) History of injecting and risk of HIV/AIDS and hepatitis

Injecting: Y / N (equipment sharing: Y / N)

Risk: HIGH / LOW

(iv) Medical history

Previous illnesses: _____

Consequences of drug use: _____

(v) Psychiatric history

Symptoms / behaviour: _____

Drug-induced: YES (specify: _____)

NO

Symptoms / behaviour observed during: intoxication / abstinence / unknown

(vi) Forensic history

Past criminal record: Y / N

Current situation: _____

(vii) Social history

Family composition: _____

Job: _____ (income: _____)

Education attained: _____

Specific skills: _____

Financial: self-supporting depending on family
 on CSSA on debts

Religious background: _____

(viii) Past contact with treatment services

Previous efforts to stop use / cut down: Y / N

Type(s): _____

Last admission: Where/when: _____

(B) Examination:

(i) Motivation to change:

- No thought at all
- Think I need to consider quitting or cutting down someday
- Think I should quit or cut down but not quite ready
- Starting to think about how to change
- Taking action to quit or cut down

(ii) General health

Normal or Notable problem(s): _____

(iii) Brief psychiatric assessment

Normal or Notable problem(s): _____

(iv) Social and family situation

Family problem: Y / N (specify: _____

_____)

Social problem: Y / N (specify: _____

_____)

(C) Urine assessment: Y / N

Drug(s) tested: _____ Date: _____

Result: _____

Needs of client :

Treatment/Follow-up Plan:

Worker's signature: _____

Name: _____

Date: _____