RXX0911

Adult Substance Misuse combined assessment form

All fields must be completed

Initial	Surname

Initial	First name

Date of birth

Client reference number

SWIFT Number (LASARs Only)

Information sharing and consent.

Acknowledgement

I have read and understood the Kent Data and Information Sharing Policy.

I understand that any information I provide to substance misuse services may be shared with other treatment services and public authorities in line with the law and procedures set out in the Kent and Medway Information Sharing Agreement.

Signature	Date

Consent

I do / do not agree for information about me and my treatment to be shared with KDAAT and the National Drug Treatment Monitoring System (NDTMS).

Signature	Date

Worker completing triage signature	Date entered

Worker completing comprehensive assessment signature	Date entered

Adult Substance Misuse Service Triage Assessment

All fields must be completed

Agency number _____ Worker completing form _____ Office / site _____

Source of referral

Date referred _____

☐ Arrest referral	☐ Drug service statutory	☐ Psychiatry	☐ Self	☐ Employer (primary alcohol client only)
☐ ATR (primary alcohol client only	☐ Community alcohol team	☐ A&E	☐ Concerned other	☐ Employment service
☐ DRR	☐ Drug service non - stat	☐ Outreach	☐ Relative	☐ Pupil Referral Unit (PRU)
☐ DIP	☐ Sex worker project	☐ Psychological services	☐ Social services	☐ Education
☐ CARAT/Prison	☐ Syringe exchange	☐ GP	☐ Connexions	☐ Looked After Children (LAC)
☐ Probation	☐ Peer (primary alcohol client only)	☐ General hospital	☐ Jobcentre plus	☐ Community care assessment
☐ Criminal justice - Other	Other - specify			

Is the client ☐ New ☐ Returning

PBR Client ☐ Yes ☐ No

Primary problem ☐ Drug ☐ Alcohol

Client Details

All fields must be completed

Client's address, including full postcode (If NFA give district)

☐ Client lives outside of Kent

Telephone _____

Mobile _____

Preferred method of contact (e.g. mobile, text, letter) _____

Postcode _____

Accommodation

☐ No housing problem ☐ Housing problem ☐ NFA - sofa surfing / night hostel

☐ NFA - living on the street, under 12 months ☐ NFA - living on the street, over 12 months

Gender at birth ☐ Male ☐ Female

Current Gender if different from birth ☐ Male ☐ Female

Sexuality

☐ Heterosexual ☐ Homosexual ☐ Bi-sexual

☐ Other ☐ Not recorded

Legal marital or same-sex civil partnership status

☐ Never married / never registered a same-sex civil partnership ☐ Separated, but still legally married ☐ Separated, but still legally in a same-sex civil partnership

☐ Married ☐ Divorced ☐ Formally in a same-sex civil partnership which is now legally dissolved

☐ In a registered same-sex civil partnership ☐ Widowed ☐ Surviving partner from a same-sex civil partnership

Religion ☐ No religion ☐ Christian (including all denominations) ☐ Muslim Other _____

GP details

GP Practice code

Telephone _____

N.I number _____

NHS number _____

PCT of residence

☐ NHS West Kent

☐ NHS Eastern and Coastal

Carer information

Is there a carer ☐Yes ☐No	Name _____	Relationship to client _____

Carer's contact details

Carers assessment offered	☐Yes	☐No	Date undertaken _____
If yes, was it taken up?	☐Yes	☐No	

Contacts including emergency contact, social worker, midwife, health visitor, probation officer

Name	Profession / relationship	Contact details

Nationality, at birth
Country of nationality selected from ISO 3166-1 alpha 3

☐British ☐Nepalese ☐Czech ☐Slovakian ☐Indian

Other nationality

Immigration status

☐Undocumented (illegal) immigrant
☐Legally resident in the UK ☐Asylum seeker
☐Refugee ☐Failed asylum seeker

Ethnicity (NTA specified list - as stated by client)

☐White British ☐White Irish ☐Other White
☐African - Black British ☐White and Black African ☐Other - Black British
☐Caribbean - Black British ☐White & Black Caribbean ☐Other - other ethnic
☐Pakistani - Asian British ☐White & Asian ☐Other - mixed
☐Other Asian - Asian British ☐Bangladeshi - Asian British ☐Not stated
☐Indian - Asian British ☐Chinese - other ethnic

If other ethnicity stated, give further details (for your records only)

Employment Status

☐Regular employment ☐Pupil / student ☐Unpaid voluntary work ☐Not stated
☐Unemployed & seeking work ☐Retired from paid work ☐Not receiving benefits ☐Not known
☐Long term sick or disabled ☐Homemaker ☐**Armed Forces/Ex Armed Forces** ☐**Other**

Disability status

☐Learning impairment ☐Literacy impairment ☐Sight impairment ☐Physical impairment ☐Client is not disabled
☐Mobility impairment ☐Dyslexia ☐Hearing impairment ☐Mental illness

Substance use - all problematic use All fields must be completed

Complete the following entering text or numbers as written in the boxes where appropriate.
Complete all sections for each drug used by the client. Paying particular attention to drugs used in the past 28 days.

Primary problem(s) and details (how the client prioritises)

Substance	Route (1.Inject 2.Sniff 3.Smoke 4. Oral 5. Other)	Frequency 1.Not used in the past month 2. used once per week or less 3. Used 2-6 times per week 4. Used daily 5.Used more than once per day 6.Not known	Quantity Used (Enter amount, if alcohol enter unit per day)	Prescribed (Tick if yes)	Duration of use	Age first used	Date last used (current or dd/mm/yy)
1.							
2.							
3.							

Alcohol AUDIT C - any use. All fields must be completed

Full AUDIT C questions	Score 0	Score 1	Score 2	Score 3	Score 4
How often do you have a drink containing alcohol?	Never	Monthly or less	2 -4 times per month	2-3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Scoring: A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.

	Start of treatment	Review date _____	Review date _____	Review date _____	At completion / discharge
Full AUDIT score					

Tobacco smoking. All fields must be completed

☐ Never smoked	☐ Currently smoking	☐ Previously smoking	How many per day, if currently (cigarettes)	No. of years smoking

Smoking cessation	☐ Offered and refused	☐ Offered and referred	Treatment date:	Started _____	Ended _____

Treatment history. All fields must be completed

Previous treatment (tier 3 &4) ☐ Yes ☐ No

Specialist substance misuse treatment history

Date	Interventions	Location of treatment received	Current or date left treatment	Reason for leaving treatment / non attendance	Planned (P) or unplanned (U) exit

History of accidental overdose. All fields must be completed

Has the client used substances to the point of losing consciousness? ☐ Yes ☐ No

If yes, how many times and what substance	

Injecting status. All fields must be completed

☐ Previously injected ☐ Currently injecting ☐ Never injected ☐ Client declined to answer

Age first injected _____

Injected in the last 28 days	☐ Yes ☐ No
Equipment sharing	☐ Yes ☐ No
Ever shared	☐ Yes ☐ No
Has shared injecting equipment in the past 28 days	☐ Yes ☐ No
Currently sharing equipment	☐ Yes ☐ No

Other relevant information, high risk behaviour, equipment sharing information and injecting related injuries.

Injecting sites ☐ Neck ☐ Groin ☐ Feet ☐ Arms ☐ Legs ☐ Other

Sex worker status

Sex worker	☐ Yes ☐ No	Involved to fund their habit	☐ Yes ☐ No
Selling sex on the street	☐ Yes ☐ No	Selling sex from premises	☐ Yes ☐ No

Blood Borne Virus (BBV) History. All fields must be completed

Hep B previous infection ☐ Yes ☐ No ☐ Not known

Previously tested for **Hep B** ☐ Yes ☐ No

Hep B latest test date _____

Hep B test offered ☐ Offer accepted ☐ Offer refused

Reasons for refusal

Hep B result ☐ Positive ☐ Negative

Hep B vaccination status ☐ Offer accepted ☐ Immunised already ☐ Offer refused ☐ Assessed as not appropriate

Reasons for refusal or assessed as not appropriate

Hep B vaccination count,enter date One _____ Two _____ Three _____ ☐ Complete

Hep C previous infection ☐ Yes ☐ No ☐ Not known

Previously tested for **Hep C** ☐ Yes ☐ No

Hep C latest test date _____

Hep C test offered ☐ Offer accepted ☐ Offer refused

Reasons for refusal

Hep C result ☐ Positive ☐ Negative

HIV previous infection ☐ Yes ☐ No ☐ Not known

Previously tested for **HIV** ☐ Yes ☐ No

HIV latest test date _____

HIV test offered ☐ Offer accepted ☐ Offer refused

Reasons for refusal

HIV result ☐ Positive ☐ Negative

For all identified cases of untreated BBV's, has the client been referred to Hepatology? ☐ Yes ☐ No

☐ Client refused to answer BBV questions

Mental Health. All fields must be completed

☐ N/A

Is the client currently receiving care from mental health services for reasons other than substance misuse? ☐ Yes ☐ No

Date	Interventions	Location of treatment received	Current or date left treatment	Reason for leaving treatment / non attendance

Client's diagnosis and medication	How is the client's substance misuse impacting on their mental health?

Mental health screening tool score, if applicable. (such as CORE, PHQ9 or GAD-7)

Risk of harm from / to others. All fields must be completed

Domestic Abuse.

☐ N/A

☐ Survivor ☐ Perpetrator
☐ Current ☐ In the past (not current partner)

☐ Tick if a domestic abuse referral has been made, or information given

Domestic abuse history / situation

Other adult protection concerns ☐ Yes ☐ No

If yes, give details

Previous offending history. All fields must be completed

Criminal Justice cross reference information (Home Office specified list) Offence Committed:

☐ Shoplifting ☐ Handling stolen goods ☐ Vehicle crime ☐ Selling / possession of drugs ☐ Drug Driving
☐ Burglary ☐ Street robbery ☐ Auto theft ☐ Soliciting
☐ Fraud ☐ Wounding / assault ☐ Drink driving ☐ Drunk and disorderly

Current legal status (prison, IDTS, pending court cases etc)

☐ Client refused to answer Criminal Justice questions

Parenting and child details. All fields must be completed

If presented with Safeguarding Children or Child in Need or Adult Protection concerns staff must follow the local safeguarding procedures as soon as any requirements to do so are identified. (Section 17 & 47 of the Children Act 2004. Info can be found at www.kscb.org,uk (Kent)
KCPC Multi Agency guidelines "When parents are misusing drugs: Working together with parents and children28.10.02
Information can be found at www.kenttrustweb.org.uk

Children ☐ None	☐ Client refused to answer	Client pregnant ☐ Yes ☐ No
Number of children	Number of children living with client	Client's partner pregnant ☐ Yes ☐ No

Parental status ☐ All of the children living with client ☐ None of the children living with client ☐ Not a parent ☐ Some of the children living with client ☐ Client declines to answer

Caring responsibilities ☐ No

☐ Yes, dependent adults Number of adult dependants: _____

☐ Yes, full or part time responsibility for any children, other than their own

Is there a non substance misusing carer with parenting responsibility (details should be given in contacts section) ☐ Yes ☐ No

If yes indicate how many children and complete child details (below) for each child.

Pregnancy If the client, or their partner is pregnant complete this section in full. ☐ N/A

Midwife name and contact details		☐ Contacted ☐ Not contacted ☐ Client engaged with service	Detatils
Social services involved		☐ Contacted ☐ Not contacted ☐ Client engaged with service	Detatils

Child Details. Irrespective of whether the child is living with the client. Complete one set table for each child. If you require more space please continue on a separate sheet with printed child detail set table.

Name	DOB	Relationship	Location
School / nursery		Any other adult with a parenting role	
GP's details		Any professionals working with the family. e.g. health visitor	

Subject to a Child Protection Plan ☐ Yes ☐ No	If yes, give details	Substance misuse related? ☐ Yes ☐ No	
Subject to a Child in Need Plan ☐ Yes ☐ No	If yes, give details	Substance misuse related? ☐ Yes ☐ No	
Look After by a Local Authority ☐ Yes ☐ No	If yes, give details	Substance misuse related? ☐ Yes ☐ No	
Is there a Common Assessment in place (CAF)? ☐ Yes ☐ No	If yes, who completed this. (school health visitor etc)	Substance misuse related? ☐ Yes ☐ No	
Is there a team around the child in place (TAC)? ☐ Yes ☐ No	If yes, who is the lead professional	Substance misuse related? ☐ Yes ☐ No	

Name	DOB	Relationship	Location
School/nursery		Any other adult with a parenting role	
GP's details		Any professionals working with the family. e.g. health visitor	

Subject to a Child Protection Plan	Yes ☐ No ☐	If yes, give details	Substance misuse related? Yes ☐ No ☐
Subject to a Child in Need Plan	Yes ☐ No ☐	If yes, give details	Substance misuse related? Yes ☐ No ☐
Look After by a Local Authority	Yes ☐ No ☐	If yes, give details	Substance misuse related? Yes ☐ No ☐
Is there a Common Assessment in place (CAF)?	Yes ☐ No ☐	If yes, who completed this. (school health visitor etc)	Substance misuse related? Yes ☐ No ☐
Is there a team around the child in place (TAC)?	Yes ☐ No ☐	If yes, who is the lead professional	Substance misuse related? Yes ☐ No ☐

Name	DOB	Relationship	Location
School/nursery		Any other adult with a parenting role	
GP's details		Any professionals working with the family. e.g. health visitor	

Subject to a Child Protection Plan	Yes ☐ No ☐	If yes, give details	Substance misuse related? Yes ☐ No ☐
Subject to a Child in Need Plan	Yes ☐ No ☐	If yes, give details	Substance misuse related? Yes ☐ No ☐
Look After by a Local Authority	Yes ☐ No ☐	If yes, give details	Substance misuse related? Yes ☐ No ☐
Is there a Common Assessment in place (CAF)?	Yes ☐ No ☐	If yes, who completed this. (school health visitor etc)	Substance misuse related? Yes ☐ No ☐
Is there a team around the child in place (TAC)?	Yes ☐ No ☐	If yes, who is the lead professional	Substance misuse related? Yes ☐ No ☐

Name	DOB	Relationship	Location
School/nursery		Any other adult with a parenting role	
GP's details		Any professionals working with the family. e.g. health visitor	

Subject to a Child Protection Plan	Yes ☐ No ☐	If yes, give details	Substance misuse related? Yes ☐ No ☐
Subject to a Child in Need Plan	Yes ☐ No ☐	If yes, give details	Substance misuse related? Yes ☐ No ☐
Look After by a Local Authority	Yes ☐ No ☐	If yes, give details	Substance misuse related? Yes ☐ No ☐
Is there a Common Assessment in place (CAF)?	Yes ☐ No ☐	If yes, who completed this. (school health visitor etc)	Substance misuse related? Yes ☐ No ☐
Is there a team around the child in place (TAC)?	Yes ☐ No ☐	If yes, who is the lead professional	Substance misuse related? Yes ☐ No ☐

Common Assessment Framework (CAF). Name child (ren) seperately in every section.

Note to Practitioner - In West Kent this section to be completed by LASARs

From the discussion with the parent/s does the child(ren) appear to be:

Phyically, emotionally and psychologically well? (healthy) ☐Yes ☐No ☐Not sure		
Strengths and resources:	Concerns:	*Do any of the children have physical / psychological health needs? If yes give details.*

Safe from harm? ☐Yes ☐No ☐Not sure		
Strengths and resources:	Concerns:	*If there is a substance free parent, supportive partner, or relative, what is their role?* *Are the levels of child care different when the client is using substances?* *What is their level of intoxication when they use?* *Has the child(ren) seen them, or others use substances?* *Where are the substances / equipment stored, is it secure?* *Could other aspects of substance use constitute a risk to child(ren), conflict, exposure to dealers, criminal activity?* *If mental health or domestic abuse have been identified.* *How is it effecting the children?*

Learning and developing? ☐Yes ☐No ☐Not sure		
Strengths and resources:	Concerns:	*Do any of the children have issues with school / nursery? If yes give details.*

Having a positive impact? ☐Yes ☐No ☐Not sure		
Strengths and resources:	Concerns:	*Do the children get on with others, have friends?* *Have good relationships?* *Are they liked by friends and family?*

Free from the negative impact of poverty? ☐Yes ☐No ☐Not sure		
Strengths and resources:	Concerns:	*How much is substance use costings? How is the money obtained? Is the service user able to pay rent, bills, food, etc.*

If you answered 'no' to any of the previous questions, what additional services are needed for the unborn baby, infant, child or young person, or their parent(s), carer(s) or families?

Can you provide the additional services needed? ☐Yes ☐No

If you answered 'no' or 'not sure' to any of the previous questions, would a Common Assessment help? ☐Yes ☐No			
If you answered 'yes' to the previous question, who will do this assessment	☐I will	Name of practioner completing CAF	

Child and Adult Protection Concerns

Note to Practitioner - In West Kent this section to be completed by LASARs

CAF sent to local CAF coordinator ☐Yes ☐No	If yes, name professional and date sent	

If no, please give details.

Initial Risk Assessment

If any risk below is identified you should complete a detailed risk assessment form, unless otherwise agreed with your manager and documented the desicion.

Mark each risk factor listed below if it is present.

☐ Substance related risk	☐ Psychological health risk	☐ Offending risk	☐ Accommodation risk
☐ Physical health risk	☐ Risk of harm from others	☐ Domestic Abuse	☐ Socal risk
☐ Sexual risk	☐ Risk of harm to others	☐ Risk of neglect	☐ Child protection risk

Other risk, specify		☐ No risk identified

Warnings / cautions (including history of violence etc)

Priority status ☐Priority (client is at high risk) ☐Routine (client can be safely managed under regular referral)

Has a detailed risk assessment been completed? ☐Yes ☐ No (state reasons below)

Reasons for not completing a detailed risk assessment

Triage referral outcomes

Date	Interventions	Provider

Triage outcomes notes

Adult Substance Misuse Comprehensive Assessment

Note to practioner - please review and update all relevant areas in the triage and ensure that blood borne virus history section is completed on page 5.

Agency Number		Worker completing the form	
Healthcare assessment date		Recovery plan start date	
Assessment date			

Does the treatment provider currently have care coordination responsibility for the client?
If yes, ensure a Treatment Outcome Profile (TOP's) is completed. ☐Yes ☐No

Drug / alcohol use history

Current circumstances including how, why, where, what and whom etc. Positives and negatives associated with use. Patterns if use and relationships with substance of choice, periods of abstinence and strategies used, prescribed and non-prescribed.

Current use

First problem	☐ Opiates / crack	☐ Other drugs	☐ Alcohol
Second problem	☐ Opiates / crack	☐ Other drugs	☐ Alcohol
Third problem	☐ Opiates / crack	☐ Other drugs	☐ Alcohol

Treatment modality

Is the client in treatment? ☐ Yes ☐ No	If yes, state where	No. of episodes

Treatment modality	Date referred (mutually agreed with client)	Date of first appointment offered	Modality start date	Modality end date	Modality exit status. A. Mutually agreed planned exit B.Clients unilateral unplanned exit c. Intervention withdrawn

Physical health on presentation

General health and related issues either specific to substance misuse or not, re-occurring medical issues, pain, organic health problems, oral health, sleeping, nutrition.

Psychological health on presentation

Coping mechanisms, self-esteem, anxiety, paranoia, loss of motivation / interest, mental state at time of interview, eating disorder.

Social and family history

Childhood, developmental milestones, schooling, work record, parents and siblings, relationships.

Employment, education history, financial, housing and leisure

Previous and present employment, literacy, housing environment, further training, commitments, hobbies.

Client and family goals. (refer to information given in CAF)

Invite the client to complete this section or write their view requested.

Client's views

Invite the client to complete this section or write their view requested.

Carer's views

Invite the carer to complete this section or write their view requested.

Comprehensive assessment outcome

What have you done, why and how this has taken into account the client's wishes.

LASAR - tariff review

Date reviewed	Critical	Substainal	Moderate	Low	None
Substance use	☐	☐	☐	☐	☐
Health and Wellbeing	☐	☐	☐	☐	☐
Overall	☐	☐	☐	☐	☐

Discharged? ☐ Yes ☐ No

If no, why?

Payment triggered? ☐ Yes ☐ No

Date reviewed	Critical	Substainal	Moderate	Low	None
Substance use	☐	☐	☐	☐	☐
Health and Wellbeing	☐	☐	☐	☐	☐
Overall	☐	☐	☐	☐	☐

Discharged? ☐ Yes ☐ No

If no, why?

Payment triggered? ☐ Yes ☐ No

Date reviewed	Critical	Substainal	Moderate	Low	None
Substance use	☐	☐	☐	☐	☐
Health and Wellbeing	☐	☐	☐	☐	☐
Overall	☐	☐	☐	☐	☐

Discharged? ☐ Yes ☐ No

If no, why?

Payment triggered? ☐ Yes ☐ No

LASAR 12 month follow up

New treatment journeys in past 12 months ☐ Yes ☐ No

Payment triggered? ☐ Yes ☐ No

Discharge

Discharge dates

- ☐ 80. Treatment completed - drug free
- ☐ 81. Treatment completed - alcohol free
- ☐ 82. Treatment completed - occasional user (not heroin or any other opiod)
- ☐ 83. Transferred - not in custody
- ☐ 84. Transferred - in custody
- ☐ 85. Incomplete - dropped out
- ☐ 86. Incomplete - treatment withdrawn by provider
- ☐ 87. Incomplete - retained in custody
- ☐ 88. Incomplete - treatment commencement declined by client
- ☐ 89. Incomplete - client died
- ☐ 90. Treatment completed -drug free PbR
- ☐ 91. Treatment completed - occasional user (not heroin or crack)PbR
- ☐ 92. Treatment completed - alcohol free PbR

Practitioner section

Immediate needs identified

Notes to practioners

Triage assessments are valid for a 3 month period only. Someone representing after 3 months will require a new triage assessment.