

Appendix 2: Comprehensive Assessment – Minimum Standard Guidance

<p>Date of Assessment</p> <p>Core Demographic and Client Details</p> <ul style="list-style-type: none">• Name, Address, Contact number, DOB, Identification No., Ethnicity, Gender <p>Name, Address, Contact Number of GP</p> <ul style="list-style-type: none">• Medical Card/ Other <p>Name, Address, Contact Number of next of Kin</p> <p>Name, Address, Contact Number of referrer / referring agency</p> <p>Name, Address, Contact numbers of other agencies attending</p>
<p>Reasons for referral</p> <p>Presenting problems/ Complaints/</p> <ul style="list-style-type: none">• History of presenting problems/Complaints
<p>Current Drug and Alcohol use</p> <ul style="list-style-type: none">• Amount, frequency, mode of use, duration of use, age of 1st use• Evidence of harmful use/ dependence• Evidence of withdrawal symptoms/ intoxication• Financial costs of use and means of financing use.• Consequences of Alcohol/ drug use: Health, social, economic, legal
<p>Current Physical Health and symptoms/ Ill health/ disabilities</p>
<p>Current Mental Health / Psychological symptoms</p>
<p>Current assessment of risk behaviours</p>
<p>Current Medications Prescribed</p>
<p>Past History of Drug and Alcohol use:</p> <ul style="list-style-type: none">• Age of 1st use, Progression of use• Age of 1st injecting• History of Overdoses
<p>Past treatments for Drug and Alcohol Use</p> <ul style="list-style-type: none">• Places of Treatment/ Type of Treatment

Past Medical History

- Past viral testing and results
- Vaccination History
- Past Operations/illnesses/diseases

Past Psychiatric History /Past Mental Health Issues

- Diagnosis, Treatment, Consultant and Service attended
- Any episodes of Deliberate Self Harm

Family History/ Family Structure/ Supports

- Any Family History of Addiction or mental health problems

Personal History:

- School, Education, Problems in school
- Highest educational level achieved
- Courses / training schemes
- Employment history / Current employment status

Social History / Social Functioning.

- Accommodation
- Living arrangements
- Children
- Relationships with partner / spouse/ family/ friends
- Hobbies/ Activities/ Social outlets / Supports
- Spiritual and Religious matters
- Cultural and Ethnic factors.
- Financial Situation and benefits received/ Medical Card

Criminal History /Legal Issues

- Past charges, conviction, prison sentences
- Current charges, court cases, convictions
- Probation Officer/ Solicitor

Assessment of Motivation and Readiness to change**Assessment of Goals:**

- Service user's goals and their own assessment of need.

Formulation/ Diagnosis/ Assessment of Needs

Care Plan/ Management Plan

- Biological Markers: Urinalysis, bloods, physical examination if appropriate
- Referrals to others / other agencies to support identified needs
- Interventions required: Biological, Psychological, Social, Rehabilitation
- Residential treatment / treatment in the community
- Identification of unmet need / service deficit.

END