

Dublin North East - Assessment Form

General Information

First Name: _____ Surname: _____

Nickname if applicable: _____ P.P.S. Number: _____

Age: _____ D.O.B.: ___/___/____ Gender: Male Female

Address: _____

Telephone Number: Mobile _____ Home _____

Can you be contacted at this address/phone number(s): Yes No

Nationality/Country on Passport: _____

Ethnic Origin (Check as many as appropriate):

White Irish Black African Other Asian Background
 White Irish Traveller Other Black Background Do Not Wish To Answer
 Other White Background Chinese Other: _____

In Case of Emergency:

Next of Kin: _____

Relationship to you: _____ Telephone: _____

Address: _____

Is this person aware of drug use/contact with this service? Yes No

Source of Referral:

Self Outreach Worker
 Family/Friends Mental Health Facility
 Drug Treatment Center Prison
 GP Employer
 Court/Probation/Police Other: _____

Contact Person: _____ Telephone: _____

Address: _____

Services/workers you were in contact with over the last year:

Service	Yes/No	Key worker	Name/ Address	Tel/Fax No
GP				
Addiction Councillor				
Social Worker				
Probation Officer				
Housing / Homeless Service				
Rehabilitation Projects				
Employment Services				
Community Welfare Officer				
Other (please list)				

Alcohol Use

Would you describe yourself as:

- Currently Abstinent
 Harmful Drinker
 Hazardous Drinker
 Dependent Drinker

Specify main type of alcohol consumed:

- Beer
 Wine
 Spirits
 Fortified Wine
 Cider
 Alcopops
 Other: _____

In the past month:

How many drinks were consumed over a typical drinking session? _____

What was the number of days alcohol was consumed? _____

Age at first use: _____

Any services currently involved, or have been involved in the care plan to date? Yes No

If yes, please specify: _____

What supports/progress are required (short term)?

Any future goals (long term)?

Drug Use

Are you:

Currently taking drugs Drug Free In Treatment

If in treatment, please specify which treatment centre: _____

How long have you been in treatment: _____

What is your longest period drug free? _____

How would you describe your level of drug use (Currently or in a period prior to treatment)?

Specify your first drug used: _____ Age at first use: _____

What is your preferred drug of choice? _____

Name of drug	Prescribed/ Non prescribed	Amount you are currently taking	How often? 1. once a week or less 2. 2-6 days per week 3. daily 4. no use in past month	Route of transmission 1. inject 2. smoke 3. eat/drink 4. sniff/snort 5. sublingual 6. rectal 7. topical	How long currently taking?	Age at first use?	Period of drug free?
Methadone							
Heroin							
Benzos							
Cocaine							
Crack							

Name of drug	Prescribed/ Non prescribed	Amount you are currently taking	How often? 1. once a week or less 2. 2-6 days per week 3. daily 4. no use in past month	Route of transmission 1. inject 2. smoke 3. eat/drink 4. sniff/snort 5. sublingual 6. rectal 7. topical	How long currently taking?	Age at first use?	Period of drug free?
Cannabis							
Ecstasy							
Other.....							

Do you have any harm reduction awareness? Yes No

Any services currently involved, or have been involved in the care plan to date? Yes No

If yes, please specify: _____

What supports/progress are required (short term)?

Any future goals (long term)?

General Physical Health

Do you suffer from any general health problems/illnesses? Yes No

If yes, please specify _____

Are you currently being prescribed any medication from your doctor(s)? Yes No

If yes, please specify _____

Any services currently involved, or have been involved in the care plan to date? Yes No

If yes, please specify: _____

What supports/progress are required (short term)?

Any future goals (long term)?

General Mental Health and Wellbeing

Have you ever been diagnosed with a mental illness? Yes No

If yes, please specify _____

Name of service used: _____

When was the service first used and for how long? _____

Are you on any prescribed medication for your mental health? Yes No

If yes, please specify _____

What supports/progress are required (short term)?

Any future goals (long term)?

Community Integration, Social Supports, and Meaningful Use of Time

What special interests do you have i.e. education/training/hobbies? _____

Do you have any interest in attending day programmes, aftercare, etc? Yes No

If yes, please specify: _____

Any services currently involved, or have been involved in the care plan to date? Yes No

If yes, please specify: _____

What supports/progress are required (short term)?

Any future goals (long term)?

Independent Living and Accommodation

Where are you living:

- Stable Accommodation Homeless
 Institution Other Unstable Accommodation

Are you a:

- Private Tenant Local Authority Tenant
 Other _____

Are you on the housing list? Yes No

If yes, which? _____

Who are you living with:

- Alone Partner and Children
 Parents/Family Alone with Children
 Friends Foster Care
 Partner Other: _____

Are you living with other drug users? Yes No

If yes, what is the nature of your relationship?

- Parent Partner
 Child Other _____

Any services currently involved, or have been involved in the care plan to date? Yes No

If yes, please specify: _____

What supports/progress are required (short term)?

Any future goals (long term)?

Justice, Law, and Criminal Support

Do you have any pending charges/court appearances which need to be dealt with?

Yes No

If yes, please specify: _____

Have you ever been in prison? Yes No

If yes, please give details: _____

Any services currently involved, or have been involved in the care plan to date? Yes No

If yes, please specify: _____

What supports/progress are required (short term)?

Any future goals (long term)?

Education and Training

Highest level of school completed:

Primary Incomplete

Primary Level

Junior Cert

Leaving Cert

Third Level

Never Went To School

Still In Education

Special Needs Education

School attended	Address	Dates attended	Exams taken	Age leaving

Have you taken part in a FAS training course/Youth reach, etc.: Yes No

If yes, please give details: _____

Have you completed any FETAC /NCVA Modules: Yes No

If yes, please give details:

Level i.e. Foundation/Level1/Level2	Module Title	Result

Please give details of subjects most interested in while in school/training: _____

What supports/progress are required (short term)?

Any future goals (long term)?

Family Support, Relationship, and Childcare

Marital Status:

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Lone Parent |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Co-habiting |

Do you have any children? Yes No

If yes, please list their names and D.O.B.:

With whom do your children live? _____

List other family members and their relationship to you:

Any services currently involved, or have been involved in the care plan to date? Yes No

If yes, please specify: _____

What supports/progress are required (short term)?

Any future goals (long term)?

Budgeting and Financial Management

Are you in receipt of any income including social welfare payments? Yes No

If yes, please specify _____

Do you have any debts or loans that are of concern to you? Yes No

If yes, please specify _____

Any services currently involved, or have been involved in the care plan to date? Yes No

If yes, please specify: _____

What supports/progress are required (short term)?

Any future goals (long term)?

Employment

Please indicate your current employment status:

- | | |
|--|---|
| <input type="checkbox"/> Paid Employment | <input type="checkbox"/> Housewife/Househusband |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Student |
| <input type="checkbox"/> FAS/Training Course | <input type="checkbox"/> Retired/Unable to Work |
| <input type="checkbox"/> Other _____ | |

Please give details of employment history, including C.E. schemes

Company	Start date	Finishing date	Position held	Reason for leaving

Do you have any certified qualifications? Yes No

If yes, please specify _____

What employment skills do you have? _____

What supports/progress are required (short term)?

Any future goals (long term)?
