



Please check information is visible on carbon copies.

A. Administrative details

PLEASE COMPLETE USING A BALL POINT PEN

Name Address 1. HSE Area 2a. Centre 2b. Type 3. Client number

B. Demographic details

4. Gender 5. Age 6. Date of birth 7a. Living with whom 7b. Living where 8a. Area of residence 8b. Community Care Area 9. City/country 10a. Nationality 10b. Ethnic background 11. Employment status 12a. Age left primary or secondary school 12b. Education: highest level completed

C. Referral/assessment details

13. Date of referral 14. Main reason for referral 15a. Source of referral 15b. If client was referred from another treatment centre, please give reason for referral 16. Date of initial assessment 17a. Assessment outcome 17b. Assessment criterion fulfilled 17c. Date assessment criterion fulfilled 18a. Client's treatment status 18b. If client was on waiting list, please give reason client removed from waiting list 19. Accepted place at this treatment agency

D. Treatment details

20. Number of times started treatment in this centre this year (Jan-Dec) 21a. Date THIS treatment started 21b. If received an opiate substitute (methadone/suboxone) date THIS substitution started 22. Ever previously treated for problem drug or alcohol use 23. Type of contact with this centre

E. Substance use

24a. Age first used any drug 24b. Specify first drug used 25. Main substance name 26. Substance 2 name 27. Substance 3 name 28. Substance 4 name 28e. Please specify the preferred types of alcohol consumed 28f. How many standard drinks were consumed on a typical drinking day over the past month? 28g. Please specify the number of days alcohol was consumed within the past month 28h. Please categorise the extent of the drinking problem

\*In addition to the main problem substance, record any secondary substances that are part of the client's CURRENT problem alcohol or drug use.

F. Risk behaviour

29a. Injected in past month 29b. Ever injected 29c. If yes, age first injected 30. Ever shared any injecting equipment

G. Activity details

H. Exit details

Table with 4 columns: 33a. Treatment interventions provided, 33b. Date commenced each type of treatment intervention, 33c. Date completed (or of last visit) for each intervention, 33d. Number of sessions/visits for each intervention, 34. Outcome for main treatment intervention, 35. If outcome for main treatment intervention is premature exit from treatment site, 36. Client's condition at discharge or when last seen, 37. Date of final discharge or transfer, 38a. Client referred to ongoing aftercare programme provided by this centre, 38b. For clients transferred to another site for additional treatment upon discharge, 39. Please specify the number of family members or significant others (who were not treated for a personal addiction) involved in this treatment, 40. Vaccination, 41. Viral screening uptake, 42a. Urine screening during treatment, 42b. If yes, screening ordered by

please go to section E ->

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