

# ADULT ACCESS APPOINTMENT

Please use this form to support access to DAPL's counselling and recovery services. This assessment is underpinned by Person Centred Planning and the Motivational Interviewing Approach. Only suitably competent DAPL staff should undertake the treatment aspect of this process.

The respondent's email (**stewtalbot@dapl.net**) was recorded on submission of this form.

## Assessment Date: \*

DD MM YYYY

04 / 12 / 2025

## Name of DAPL Worker undertaking this assessment \*

Stew Talbot

***At DAPL, we provide 1-2-1 counselling with a counsellor who is trauma informed. A counsellor will work with you to look at what is causing issues and upset in your life and is maybe behind your alcohol/drug use. It might be something that happened in the past or that is going on now. What issue would you like to work on with your counsellor?*** \*

Cannabis and depression and isolated, would like to see Ro as been with him before,

**Are you supported by any other service(s)? e.g housing support, other counselling services, FIRST, Restoration, Addiction Services etc.**

Addiction Services

**Do you have a social worker? \***

If yes, please enter social workers details

No

**Are you on the sex offenders register? \***

☒ Yes (please let admin know to flag up on database)

☐ No

### Client's Personal Details

**Client's ID Code \***

13122

**Client's Full Name \***

Richard (Ricky) Smith

**Gender \***

☒ Male


☐ Female

☐ Other:


**Date of Birth \***

DD MM YYYY

04 / 09 / 1973

**Age (by Gender) \*** Dropdown

45-54 Male

**Postcode Area \*** Dropdown

KY8 Levenmouth

**Address inc. Postcode**


48 Herriot Crescent, Methil Leven KY8 3NE

**Telephone Number**

07 858 958 865

**Email Address (*only if client uses emails*)**

Ro has it already

**Ethnicity \*** Dropdown

White Scottish



**Emergency contact (Name, telephone number & Relationship to you )**

Will give us when later

.....

**GP/Healthcare Details****Name of GP & GP Practice Details (including tel no) \***

Muiredge Surgery

Address: Merlin Cres, Buckhaven, Leven KY8 1HJ

Phone: 01592 713299

Products and services: muiredgesurgery.co.uk

.....

**Health issues**

**Please let us know of any impairments that affect you.** *(this is needed for daisy)* \*


- ☐ No Impairment
- ☐ Specific Learning Difficulties
- ☐ Hearing Impairment
- ☐ Language & Communication Disorder
- ☒ Physical or Motor Impairment
- ☐ Visual Impairment
- ☐ Cognitive Impairment
- ☐ Combined Sight & Hearing Loss
- ☐ Other: .....

**Do you have any allergies or healthcare issues that we may need to know about? How can we support you with this at your appointment if needed**

Hayfever and cheap metal, been ill with bad stomach - possible Cannabinoid Hyperemesis Syndrome (CHS)

## ADULT SUPPORT & PROTECTION PART 1


**Do you have a history of being violent and/or aggressive behaviour?**

\*  Dropdown

No 

**Have services refused to work with you due to your behaviour? \***

If yes contact Line Manager

 Dropdown

No 


## ADULT SUPPORT & PROTECTION PART 2

If the client answers yes to any of part 2 please fill in the Client Risk Management Form and send it to the admin. If the client answers yes to either question 2 or 3 AND also 4 and 5 then complete the adult protection form and send to Social Work (see link below)


<https://www.fife.gov.uk/kb/docs/articles/health-and-social-care2/help-for-adults-and-older-people/adult-support-and-protection/staff-information-and-training>

Risk Management Form: <https://forms.gle/VMr64WaoqNUMQmfH6>


If the Client is in immediate risk call 999

**1. Do you have a history of self-harm and suicide attempts? \***☒ Yes☐ No**If yes, when was the last time you self harmed or attempted suicide?** Dropdown


Over 1 Year Ago ▼

**2. Do you regularly consume alcohol/drugs to the point of unconsciousness?** Dropdown

No ▼


**3. Do you feel you are unable to safeguard your own wellbeing, property, rights or other interests?** Dropdown

No ▼

**4. Do you regularly place yourself in situations where you are open to exploitation and are at risk from someone else?** Dropdown

No ▼

**5. Are you affected by any of these issues..... All of these must be present for an ASP referral.**

**\***  Dropdown

Psychological Issues ▼

### **Treatment Sections - MI and perpetuating behaviour.**

This section is to gain an insight into the clients day and any PERPETUATING behaviours that are negatively or positively affecting the clients substance use or mental and physical health.

#### **Morning routine \***

Get up around 7-9am, but sleep on and off all the time. Has possible freeze response.

#### **Afternoon Routine \***

Sit in, sleep, watch tv, have a smoke - was going out on a bike with his cousin and visiting his Mum a few times a week in a taxi but stopped now his depression.

#### **Evening Routine \***

Sit in, sleep, watch tv, have a smoke

### **End Goal**

**Is your long term goal to work towards abstinence or reduction? \***

- ☐ Abstinence
- ☐ Reduction in Alcohol Use
- ☒ Reduction in Drug Use
- ☐ Reduction in Both Drugs & Alcohol
- ☐ N/A

## Other Presenting Issues

**Do you have any other addictive/compulsive behaviours?**

- ☐ Food
- ☐ Self-Harm
- ☐ Pornography
- ☐ Sex
- ☐ Gambling
- ☐ Gaming
- ☐ Shopping
- ☐ Risk Taking
- ☐ Cleaning
- ☐ Stealing
- ☐ Washing
- ☐ Television
- ☐ Sexting
- ☐ Other: .....



**Do you have any diagnosed/undiagnosed emotional issues?**

- ☒ Stress
- ☒ Anxiety - Diagnosed
- ☐ Anxiety - Undiagnosed
- ☐ ADHD - Diagnosed
- ☐ ADHD - Undiagnosed
- ☐ Anger
- ☒ Depression - Diagnosed
- ☐ Depression - Undiagnosed
- ☐ Neurodivergent - Diagnosed
- ☐ Neurodivergent - Undiagnosed
- ☒ Trauma
- ☐ Sexual Assault
- ☐ Gender Based Violence
- ☐ Domestic Abuse
- ☐ Childhood Issues
- ☐ Loss
- ☐ Affected by suicide or suicide behaviours of others
- ☐ COVID
- ☐ Affected by court/legal proceedings

**SUMMARY OF USE**

**My alcohol / drug use causing difficulties in my life \***

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

☒☐☐☐☐☐☐☐☐☐

Strongly Agree

**I am using alcohol / drugs every day (or almost every day) \***

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

☒☐☐☐☐☐☐☐☐☐

Strongly Agree

**My alcohol / drug use is becoming unmanageable \***

1 2 3 4 5 6 7 8 9 10

Strongly Disagree

☒☐☐☐☐☐☐☐☐☐

Strongly Agree

**SERVICE OPTIONS BASED ON NEEDS & MOTIVATION****On a scale of 1-10 how strongly do you feel you want support from DAPL? \***

1 2 3 4 5 6 7 8 9 10

Strongly disagree

☐☐☐☐☐☐☐☐☐☒

Strongly agree

**Can you manage to attend meetings on a regular basis? \***

1 2 3 4 5 6 7 8 9 10

Strongly disagree

☐☐☐☐☐☐☐☐☐☒

Strongly agree

**Are you good at communicating your needs to others? \***

1 2 3 4 5 6 7 8 9 10

Strongly disagree

☐☐☐☐☐☐☐☐☐☒

Strongly agree

**Have you engaged positively with agencies in the past? \***

1 2 3 4 5 6 7 8 9 10

Strongly disagree

☐☐☐☐☐☐☐☐☐☒

Strongly agree

**Can you engage in conversations about how you feel? \***

1 2 3 4 5 6 7 8 9 10

Strongly disagree

☐☐☐☐☐☐☐☐☐☒

Strongly agree

**Do you like to talk about your feelings? \***

1 2 3 4 5 6 7 8 9 10

Strongly disagree

☐☐☐☐☐☐☐☐☐☒

Strongly agree

**Total score \***

60

**Suggestion for treatments \***

- ☐ 0-12 Very low motivation for change – Consider offering harm reduction & brief interventions then close.
- ☐ 12-36 Low to Medium motivation for change – Consider offering Motivation and Behavioural Coaching (MBC) & SMART with the offer to progress to counselling if required after attendance.
- ☒ 36-60 High motivation for change – Consider referral directly for counselling engagement

**CORE 10 - How you have felt over the last week?**

A score of 10 or below may indicate that the client does not need counselling. A score above 10 would indicate that counselling may be useful.

Not at all- Occasionally- Sometimes- Often- Mostly

**1) I have felt tense, anxious or nervous \***

	0	1	2	3	4	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Most/all of the time

**2) I have felt I have someone to turn to for support \***

	0	1	2	3	4	
Most/all of the time	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not at all

**3) I have felt able to cope when things go wrong \***

0 1 2 3 4

Most/all of the time ☐ ☒ ☐ ☐ ☐ Not at all

**4) Talking to people has felt too much for me \***

0 1 2 3 4

Not at all ☐ ☐ ☐ ☐ ☒ Most/ all of the time

**5) I have felt panic or terror \***

0 1 2 3 4

Not at all ☒ ☐ ☐ ☐ ☐ Most/ all of the time

**6) I made plans to end my life \***

0 1 2 3 4

Not at all ☒ ☐ ☐ ☐ ☐ Most/all of the time

**7) I've had difficulty getting to sleep or staying asleep \***

0 1 2 3 4

Not at all ☐ ☐ ☒ ☐ ☐ Most/ all of the time

**8) I have felt despairing or hopeless \***

0 1 2 3 4

Not at all ☐ ☐ ☐ ☐ ☒ Most/ all of the time

**9) I have felt unhappy \***

0 1 2 3 4

Not at all ☐ ☐ ☐ ☐ ☒ Most/ all of the time

**10) Unwanted images or memories have been distressing me \***

0 1 2 3 4

Not at all ☐ ☐ ☐ ☐ ☒ Most/ all of the time

**TOTAL SCORE:**

\*

*(If client scores over 24 in total or above 2 in the suicide question please complete the client risk management form and notify your manager.)*

[Risk Management Form Link](#)

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**Recovery WEB**

Recovery Outcomes Web Tool- Scale 1-10 (1 indicates problematic 10 indicates positive)

**Substance Use \***

Dropdown

Drugs ▼

**Recovery Outcome 1: Substance Use \*****FAST Alcohol Screening Tool***Everyone must answer these questions***How often have you had 6 or more units on a single occasion in the last year?**

Dropdown

Never (0) ▼

**How often during the last year have you failed to do what was normally expected from you because of your drinking?**

Dropdown

Never (0) ▼

**How often during the last year have you been unable to remember what happened the night before because you had been drinking? \***

Dropdown

Never (0) ▼

**Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?**

Dropdown

No (0)



**If score is 0, 1 or 2 on the first question continue with the next three questions. If**

**score is 3 or 4 on the first question – stop here. An overall total score of 3 or more is FAST positive. What to do next? If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions below) to obtain a full AUDIT score. Please enter the score here**

0

**How often do you have a drink containing alcohol?**

Dropdown

Never (0)



**How many units of alcohol do you drink on a typical day when you are drinking?**

Dropdown

0-2 (0)



**How often during the last year have you found that you were not able to stop drinking once you had started?**

Dropdown

Never (0)





**How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? \***

Dropdown

Never (0)

**How often during the last year have you had a feeling of guilt or remorse after drinking? \***

Dropdown

Never (0)

**Have you or somebody else been injured as a result of your drinking? \***

Dropdown

No (0)

**TOTAL FAST Score (all 10 questions completed): 0 – 7 Lower risk 8 – 15 Increasing risk 16 – 19 Higher risk 20+ Possible dependence \***

0

## ALCOHOL USE HISTORY

*All information here is needed for DAISY if client has referred for alcohol use/co-dependency.*

**When did you last consume alcohol? \***

Dropdown

Never Used Alcohol

ALCOHOL USE

*If selecting in the past month or previous to last month - you must complete all the questions in this section for daisy*

Please select all types of alcohol the client drinks?

	Wine	Beer	Spirits	Cider & Perry	Ready to Drink	Fortified Wine	Other
Main Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinks But Not Main Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select how often for all types of alcohol the client drinks?

	Wine	Beer	Spirits	Cider & Perry	Ready to Drink	Fortified Wine	Other
Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-6 days a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-4 days a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1-2 days a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-3 days a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About 1 day a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less Often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many units of each type of alcohol is the client drinking per day?

	Wine	Beer	Spirits	Cider & Perry	Ready to Drink	Fortified Wine	Other
1 Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 Units

☐☐☐☐☐☐☐

18 Units

☐☐☐☐☐☐☐

19 Units

☐☐☐☐☐☐☐

20 Units

☐☐☐☐☐☐☐

21 Units

☐☐☐☐☐☐☐

22 Units

☐☐☐☐☐☐☐

23 Units

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24 Units

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25 Units

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26 Units

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27 Units

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28 Units

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29 Units

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30 Units

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31 Units

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32 Units

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33 Units

☐☐☐☐☐☐☐

34 Units

☐☐☐☐☐☐☐

35 Units

36 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50+ Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50+ Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**On the heaviest drinking day, how many units of alcohol do you consume?**

⌵ Dropdown

Choose



**How often do you consume alcohol at this level?**

⌵ Dropdown

Choose



**What age did you start drinking?**

.....

**Age at onset problematic drinking?**

.....

## DRUG USE HISTORY

*All information needed for Daisy if client has referred for drug use/co-dependency*

**When did you last use drugs? \***  
including NPS & volatile substances

⌵ Dropdown

In the last month



## DRUG USE

**What age were you when your drug use became a problem?**

doesn't feel it is a problem

**What drugs is the client using?**

Please list all drugs the client is using and mark beside one which is their main type of drug being used (example: Heroin - Main Type, Cannabis, Valium)

Cannabis 12grams week £100 Smoke

**How often is each drug being used?**

Please list each drug type with how often each is being used next to them

**How much is the client spending on each drug?**

Please list each drug type with how much they are spending on each next to them

**Please state the quantity of each drug the client is using****Please state the route of how they are taking each drug**

(Example - Heroin - Inject, Cannabis - Smoke)



**What age were you when you first started using drugs?**

12

**How do you fund your drug use?**

- ☐ Employment
- ☐ Crime
- ☐ Debt
- ☐ Begging
- ☒ Benefits
- ☐ Sex Work
- ☐ Pension
- ☐ Pocket Money/Lunch Money
- ☐ Borrowing
- ☐ Other Not Listed
- ☐ Did not want to answer


**PRESCRIBED MEDICATION INFORMATION***Information needed for DAISY***Have you been prescribed medication for your substance/alcohol \***  DropdownNo 

**If yes, Medication Type?**


- ☐ Methadone
- ☐ Buprenorphine (Subutex)
- ☐ Dihydrocodeine
- ☐ Diamorphine
- ☐ Suboxone
- ☐ Diazepam
- ☐ Acamprosate
- ☐ Chlordiazepoxide
- ☐ Disulfiram
- ☐ Lofexidine Hydrochloride
- ☐ Nalmefene
- ☐ Naltrexone Hydrochloride
- ☐ Benzodiazepine
- ☐ Thiamine
- ☐ Nicotene (NRT)
- ☐ Bupropion
- ☐ Varenicline
- ☐ Baclofen
- ☐ Other
- ☐ N/A - Not prescribed Medication

**Daily Dosage**

.....

**How often?** Dropdown


Choose

**Supervision** Dropdown

Choose

**What age were you when you were first prescribed this medication?**

.....

**INJECTING****Have you ever injected? \*** Dropdown

Never (Go to next section)

**INJECTING BEHAVIOUR****What age were you when you first injected?**

.....

**Have you ever used a needle or syringe that someone else has used?** Dropdown

Choose



**Have you ever used a spoon/filter/water that someone else has used?**

⌵ Dropdown

Choose



**Have you ever overdosed?**

⌵ Dropdown

Choose



**If yes, how many times**

.....

**Last known date of overdose**

DD MM YYYY

/ /

## **BLOOD BORNE VIRUS (BBV)**

**Have you ever had a Hep B Test? \***

⌵ Dropdown

Choose




**Have you ever had a Hep B Vaccination? \***


⌵ Dropdown

Choose




**Have you ever had a Hep C Test? \*** Dropdown


Choose ▼

**Have you ever had a HIV Test? \*** Dropdown


Choose ▼

**Would you like a HIV & Hep C Test? \*** DropdownIf yes, please refer to We are with you on [Fife@wearewithyou.org.uk](mailto:Fife@wearewithyou.org.uk)


Choose ▼

**SOCIAL CIRCUMSTANCES****Please describe your current accommodation \*** Dropdown


Owned/Rented - Stable ▼

**Do you live with other adults? \*** Dropdown


No ▼

**What is your employment status \*** Dropdown

Long term sick/disabled ▼

**Have you served in Armed Forces? \*** Dropdown

No ▼

**If Yes, length of service** Dropdown

Choose ▼

**Have you been in prison/YOI in the last 12 months? \***

- ☐ Currently in Prison/YOI
- ☐ Was in Prison 0-3 months ago
- ☐ Was in Prison 4-12 months ago
- ☒ No
- ☐ Did not wish to answer

**Has a routine enquiry been carried out for domestic or childhood abuse? \*** Dropdown

No ▼

**How many children under 16 years old do you have? \***

0 .....

**How many children under 16 years old live in the same household as you? \***

0

**Are you or your partner pregnant? \***

☐ Partner Pregnant

☒ No

☐ Pregnant

**Your history of tobacco use? \***

▼ Dropdown

Currently using tobacco ▼

**If currently using, have you ever been referred to a specialist smoking cessation service?**

▼ Dropdown

No ▼

**Would you like a naloxone kit? \***

☐ Yes

☒ No

**If no, please state the reason**

Dropdown

Not appropriate for substance misuse



**If you need support to access naloxone \***

Please contact we are with you for someone to go out to the client to provide them with Naloxone: Fife@wearewithyou.org.uk

Dropdown

Not applicable



## CONTRACT, CONSENT & GDPR

**If you would like us to communicate with other services, agencies or people about the service you are receiving from DAPL, please tell us their Name and Contact Details here. \***

No

**Would you like us to communicate with other services, agencies or people about the service you are receiving from DAPL? \***

### [CONSENT TO LIAISE FORM](#)

☒ Yes (fill out consent to liaise google form)

☐ No



**Did you receive a text from DAPL to read over DAPL's GDPR statement? *This would be at the bottom of the text with your appointment details for this assessment.*** \*

Dropdown

If no, email admin to resend form to client.

Yes



**Do you agree to DAPL holding your information in accordance with the General Data Protection Regulations? if no client cannot receive counselling from DAPL.** \*

Dropdown

Yes I give my verbal consent



**DAYS & TIMES CLIENT IS UNABLE TO ATTEND AN APPOINTMENT** \*

*Please send email to [admin@dapl.net](mailto:admin@dapl.net) to inform of any days the client cannot attend.*

No

**Do you have any special requests to support access? (Disabilities, Needs Evening Appointment, Specific Gender of Counsellor etc )** \*

*Please send email to [admin@dapl.net](mailto:admin@dapl.net) to inform of any special requests*

Would like to have Ro again

## TREATMENTS

Government Units Guidelines: <https://www.nhs.uk/live-well/alcohol-advice/calculating-alcohol-units/>

Drugs Info: <https://www.crew.scot/drugs-information/>

## Treatments

- ☐ Alcohol Brief Intervention (ABI)
- ☒ Drug Brief Intervention (DBI)
- ☒ Harm Reduction Information
- ☒ Psycho-Educational Information
- ☐ Relapse Prevention
- ☐ Mental Health First Aid
- ☐ Suicide Intervention

## Engagement Plan

**During this assessment we have discussed \***

- ☐ Alcohol Safety by undertaking an Alcohol Brief Intervention
- ☒ Harm Reduction by undertaking a Drug Brief Intervention
- ☐ Overdose Interventions
- ☐ Naloxone & how to use it

**I give DAPL my permission to contact me approximately every 3 months, 6 months & 12 months after engagement has stopped to ask about my experience of the service, progress and any comments to make to improve the service. \***

- ☐ Yes
- ☒ No (please email admin to let know)

**I am planning to access** \*


*(If the client is interested in Pillars please ask them to speak to their counsellor or the client can email for information directly to stewtalbot@dapl.net)*

*Those being referred for MBC before counselling must fill out an MBC referral form at this stage - please click on link for form - [MBC Referral Form](#)*

*(Please note if the client is in for MBC after counselling the allocated counsellor must fill out the MBC referral form once the client has completed counselling)*

- ☒ **COUNSELLING**
- ☐ **COUNSELLING THEN MBC (Allocated Counsellor to Fill out MBC referral form)**
- ☐ **MBC THEN COUNSELLING (Fill out MBC Referral Form at Assessment)**

**I prefer to meet \_\_\_\_\_ but I understand my first choice may not be available.**

\*  Dropdown

Via Telephone ▼

**Is this client suitable to be allocated to a student?** \*

- ☐ Yes
- ☒ No

**Please give a reason to why the client isn't suitable for a student?**

Wants Ro again as Ro know him and feels he can talk to him

**This space is to inform the counsellor of the contexts of the therapy. \***

Ricky was doing better and even going out but the depression and anxiety have got worse again, he doesn't leave the house and he would like to talk to Ro about this as he helped before. He has been having stomach issues that have the Doctors flummoxed but I have a feeling it may be the rare Cannabinoid Hyperemesis Syndrome (CHS) as he is smoking up to 14 grams of cannabis a week. I have suggested he talk to his Doctor about it. He let me know at the end that is diagnosed with EUPD, hearing voices and has been in Whytemans Brae before.

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This form was created inside DAPL.

Google Forms