

# DAISY REVIEW

This form should be filled in when completing a closure and the client has attended at least 1 session or if admin have asked you to complete a 12 week, 26 week or annual daisy review.

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

**Date \***

DD    MM    YYYY

02 / 11 / 2023

**Name of Counsellor \***

Ro Bell

**Client ID \***

13122

**Clients Full Name \***

Ricky Smith

**Date of Birth \***

DD MM YYYY

04 / 09 / 1973

**Is this a closure or 12 week/26 week/annual daisy review? \***

Closure

**REASON FOR CLOSURE****What was the reason for this closure?**

- ☒ Client completed their treatment
- ☐ Client did not want to continue
- ☐ Client Disengaged (DNA or Cancelled 2 or more sessions in a row)
- ☐ Client started working with another agency
- ☐ Unable to Engage (going to prison, hospitalised for unknown amount of time)
- ☐ Other: .....

**What was the outcome of this client's counselling sessions?**

Occassional Use



## OTHER INTERVENTIONS

**Has this client received any other interventions since their last review? \***

- ☐ None
- ☐ ABI
- ☐ Community Alcohol Support
- ☐ Mutual Aid/Peer Recovery Group
- ☒ Psychosocial: Motivational
- ☐ Psychosocial: Other
- ☐ Psychosocial: Relapse Prevention
- ☐ Appropriate Treatment for BBV
- ☒ Mental Health
- ☐ Occupational Therapy
- ☐ Physical Health
- ☐ Education/Training
- ☐ Employability or similar
- ☐ Family Support
- ☒ Housing
- ☐ Parenting Skills
- ☐ Social Work
- ☐ Volunteering
- ☐ Youth Justice

## ALCOHOL HISTORY

Has the client consumed alcohol? \*

Alcohol Use Ceased ▼

ALCOHOL USE

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 is this client drinking? Please put units for each type of alcohol the client is drinking

Please list each type of alcohol they drink with the amount of units they drink next to them (example: Wine - 12 units, Spirits - 20 units)

**On the heaviest drinking day how many units of alcohol does this client consume?**

Choose ▼

**How often does this client consume alcohol at this level?**

- ☐ Daily
- ☐ 5-6 days per week
- ☐ 3-4 days per week
- ☐ 1-2 days per week
- ☐ 2-3 days per month
- ☐ About once a month
- ☐ Less Often

## DRUG HISTORY

**Has this client ever used drugs including NPS and volatile substances?**

Yes in the last month ▼

## DRUG USE

**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

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

*Please list each drug type with how often each is being used next to them (example: Heroin - Daily, Cannabis 1-2 days per week)*

Daily

**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 (example: Heroin - £100, Cannabis - £10)*

£60 per week

**Please state the quantity of each drug the client is using**

*(Example Cannabis - 1g, Heroin - 1 bag)*

1g per day

**Please state the route of how they are taking each drug**

*(Example - Heroin - Inject, Cannabis - Smoke)*

smoking joints

**How does the client fund their 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**

**Has the client been Prescribed Medication for Treatment of Problematic Substance Use?**

\*

Yes

**DETAILS OF PRESCRIBED MEDICATION**



**Please list all prescribed medication which has been prescribed to the client for problematic substance use with their dosage and how often they have to take each medication.**

*(Example: Methadone - 70ml - Daily)*

Methadone 40 mls

**Have these medications been increased, decreased or stayed the same since their assessment/review?**

Decreased



**Are these medications taken supervised or unsupervised?**

Unsupervised



## INJECTING

**Has the client ever injected? \***

Yes Previous to last month



## INJECTING RISK BEHAVIOUR

**Has the client ever used a needle or syringe that someone else has used?**

Never



**Has the client used a spoon/filter/water that someone else has used?**

Never



**Has the client ever/since last review overdosed?**

No



**If Yes, How Many Times?**

.....

**Last Known Date (*optional*)**

DD MM YYYY

/ /

**BLOOD BORNE VIRUS (BBV)**

**Has the client had a Hep B Test?**

Yes over 12 months ago ▼

**Has the client had a Hep B Vaccination?**

Never ▼

**Has the client had a Hep C Test?**

Yes over 12 months ago ▼

**Has the client had an HIV Test?**

Yes over 12 months ago ▼

**SOCIAL CIRCUMSTANCES****Please describe the client's current accommodation \***

Owned/Rented - Stable ▼

**Do they live with other adults? \***

No



**What is the client's employment status? \***

Long term sick/disabled



**Has the client 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? \***

No



**How many children under 16 years old does the client have? \***

0

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

0

**Is the client or their partner pregnant? \***

No



**Client's history of tobacco use? \***

Currently using tobacco



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

No



**Do they have access to a naloxone kit? \***

No



**If no, please state the reason**

Declined - Other reason

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

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

For Naloxone to be posted to client: client can order naloxone using this link:

<https://www.sfad.org.uk/support-services/take-home-naloxone-application>

Not applicable



This form was created inside DAPL.

# Google Forms