

Addiction Recovery Centre Client Assessment

**STRICTLY
CONFIDENTIAL**

Date of Assessment:

Name: D.O.B: Age:

Sex: N.I. No:

Nationality: Country of Birth:

Mobile Number:

Ethnicity:

(African; Bangladeshi; Caribbean; Indian; Chinese; Other Asian; Other Black; Other Mixed; Other White; Pakistani; White and Asian; White and Black African; White and Caribbean; White British; White Irish; Other; Not Stated;)

Sexuality:

Current Address:

Living with? (partner/alone/parents/friends etc.):

Property Status (owned/rented/hostel/housing benefit):

NFA?:

Address to which client can return if discharged:

DAT of Residence:

Marital Status:

Children:

Employment Status: Needs Sick Note?:

Next of Kin (name, relationship):

Next of Kin Address:

Next of Kin Phone:

Mobile:

Care Manager Name:

Care Manager Phone:

Mobile:

Email:

Address:

Other Professional (Key Worker; Social Worker; Probation Officer; PPO; Solicitor etc.)
Name & Role

Phone:

Mobile:

Email:

Address:

LEGAL

Do you have any history of (yes/no) -

Arson:

Sexual Offences:

Aggressive/Violent Behaviour:

If yes, give details:

Criminal Convictions (yes/no, give details):

Current/Outstanding legal issues (yes/no, give details):

MEDICAL

Name of GP:

Address:

Phone:

Current Physical Illnesses:

Mobility Problems?:

Dual Diagnosis History & Current Details (depression; ADHD; PTSD; etc.):

Self Harm and/or Suicide attempts/ideation:

Current Prescribed Medications (drug/dosage/reason):

SUBSTANCE MISUSE

Please list all substances (legal & illegal & non-prescribed, including alcohol) used in the last six months starting with the main problem substance, then the second, etc.

Substance

Amount/frequency

Age of First Use

Detox Required?

By ARC?

Other Provider:

Expected dates of Detox:

Injection Status (never injected; currently injecting; previous but not current);
Shared equipment?

Previous Hep B Infected?

Count of Hep B Vaccinations (had one, two, three, completed):

Hep C Tested?

Hep C Latest Test Date:

Hep C Test Result (positive, negative, not known):

Why does client want to get into treatment:):

Previous Tier 4 Treatment Details:

What is your main fear about detox?

How would you describe a perfect detox?

What is your main fear about treatment after detox?

How would you describe a perfect stay in treatment?

Who first discovered ARC - the client, a family member or a funder?