Bunjilwarra

**Koori Youth Alcohol and Drug Healing Service**

**Comprehensive Assessment**

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| **Date expression of interest received:** | |  | | | | | | | | **By whom:** | | | | | | | |  | | | | | | | | |
| **First Name:** | |  | | | | | | | | **Surname:** | | | | | | | |  | | | | | | | | |
| **FAMILY OF ORIGIN** | | | |  | | | | | | |  | | | | | | | | | | | | |  | | |
| **Clan/Mob/Land** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Relationships/Roles, include cultural/ethnic specific issues** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **STOLEN GENERATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is client/family part of the stolen generation?** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **SUBSTANCE USE HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Problematic substance identified (drug of choice):** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Substance use** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Substance*** | ***Age of first use*** | | | ***Age of first regular use*** | | ***Route of use*** | | | | | | | ***Frequency of use*** | | | | | | | ***Quantity each use*** | | | | | ***Date of last use*** | |
|  |  | | |  | |  | | | | | | |  | | | | | | |  | | | | |  | |
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| **DRUG TREATMENT HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you previously had any help with your drug related problems (e.g. withdrawal, outreach, counseling, rehabilitation)?** | | | | | | | | | | | | | | | | | | | | | | | **Yes / No** | | | |
| **If yes, what kind, when, and was it useful?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What is the longest time that you have gone without the substance that causes you the most problems** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Why do you think that you are ready for rehab?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **MENTAL HEALTH** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you have a mental health diagnosis?** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **If so what diagnosis and by whom?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Current Mental health linkages?** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **Name/s:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Contact details and length of engagement:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Have you had contact with mental health service in the past:** | | | | | | | | | | | | | | | | | | **Yes / No** | | | | | | | | |
| **Details (reason for contact, timeframe etc.)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Do you experience hallucinations?** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **If so give details (were these in the context of substance use or mental health?)** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Have you ever had an eating disorder?** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **If so give details (is this current?)** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Known history of abuse (e.g. family violence; other abuse):** | | | | **Yes / No** | | | | **If yes, details if known:** | | | | | | | | |  | | | | | | | | | |
| **Is there anything else we should know about your mental health?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **RISK ASSESSMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you ever had thoughts of self-injury?** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **Have you self-injured?** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, how recently?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Method?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Frequency?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Was medical treatment required?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Substance use context i.e. intoxicated, coming down or withdrawal** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **What alternate strategies could you use while in rehab to reduce the risk of self-harm** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Have you experienced suicidal thoughts?** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, how recently?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Method?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Frequency?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Triggers** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Substance use context (e.g. intoxicated, coming down or withdrawal)** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Have there been any suicide attempts?** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, how recently?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Method?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Medical treatment required?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Triggers** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Substance use context (e.g. intoxicated, coming down or withdrawal)** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **What alternate strategies could you use while in rehab to reduce the risk of suicidal ideation** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Do you ever have trouble managing your anger?** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **If yes, when (context)?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Triggers** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Substance use context (e.g. intoxicated, coming down or withdrawal)** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **What strategies help you in the community?** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **How can staff support you to manage your anger whilst in the program** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Do you ever have trouble managing other emotions?** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **If yes give details:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **MEDICATIONS – You will need to tell us about any medications you are currently taking** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you taking any prescribed medication** | | | | **Yes / No** | | | | | | | | **Are you asthmatic:** | | | | | | | | | | | **Yes / No** | | | |
| **Medication Name:** | | | | **Dosage:** | | | **Frequency:** | | | | | | | | **Prescribed for:** | | | | | | **Duration:** | | | | | **Prescriber details:** |
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| **Are you currently on methadone:** | | | | **Yes / No** | | | **If yes, what dosage** | | | | | | | |  | | | | | | **Date commenced** | | | | |  |
| **Are you currently on buprenorphine:** | | | | **Yes / No** | | | **If yes, what dosage** | | | | | | | |  | | | | | | **Date commenced** | | | | |  |
| **Prescriber Details (for all prescribed medications):** | | | |  | | | | | | | | | | **Phone:** | | | | |  | | | | | | | |
| **Pharmacy Details (for all prescribed medications):** | | | |  | | | | | | | | | | **Phone:** | | | | |  | | | | | | | |
| **LEGAL ISSUES - Do any of the following legal issues relate to you?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you currently in custody:** | | | | **Yes / No** | | | | | | | | **Being held at:** | | | | | | | | | | |  | | | |
| **Date of incarceration:** | | | | **/ /** | | | | | | | | **Proposed release date:** | | | | | | | | | | | **/ /** | | | |
| **Reason for incarceration:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Are you currently on any legal order:** | | | | **Yes / No** | | | | | | | | **Type of order:** | | | | | | | | | | |  | | | |
| **Reason for order:** | | | |  | | | | | | | | **Order expiry date:** | | | | | | | | | | | **/ /** | | | |
| **Conditions of order:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Is there any outstanding court cases:** | | | | **Yes / No** | | | | | | | | **Upcoming court dates:** | | | | | | | | | | | **/ /** | | | |
| **Which court will you need to attend:** | | | |  | | | | | | | | **What charges are you facing:** | | | | | | | | | | |  | | | |
| **Likely outcome:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Have you been locked up before:** | | | | **Yes / No** | | | | | | | | **Where were you held:** | | | | | | | | | | |  | | | |
| **Reason for incarceration:** | | | |  | | | | | | | | **Release date:** | | | | | | | | | | | **/ /** | | | |
| **Any other previous convictions** | | | | **Yes / No** | | | | | | | | **When and what for:** | | | | | | | | | | |  | | | |
| **Do you have any outstanding fines?** | | | | **Yes / No** | | | | | | | | **What for?** | | | | | | | | | | |  | | | |
| **PHYSICAL HEALTH ISSUES – Please list any current health issues you suffer from** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Allergies (including reactions):** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Disabilities:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Injuries:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Medical directive:** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Past seizures or fits (if so, what was the context):** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Are you pregnant:** | | | | **Yes / No** | | | | | | | | | | | | | | | | | | | | | | |
| **INTELLECTUAL DISABILITY – Has it ever been suggested that you may have an intellectual disability? If so, please explain below** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Do you have a case manager? (Details):** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **DIETARY REQUIREMENTS – Please advise if you have any special dietary requirements?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **❑ vegetarian/vegan** | | | | **❑ diabetic** | | | | | **❑ celiac** | | | | | | | | | | | | | **❑ other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **EDUCATIONAL HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you currently at school/TAFE/Uni:** | | | **Yes / No** | | | | **When did you last go to school:** | | | | | | | | | **/ /** | | | | | | | | | | |
| **What is the highest level of schooling that you achieved:** | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Literacy and numeracy level:** | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **EMPLOYMENT HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you currently employed** | | | **Yes / No** | | | | **If no, have you ever done any paid/unpaid/voluntary work:** | | | | | | | | | | | | | | | | | **Yes / No** | | |
| **If yes, what did/does your employer know about your substance use?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACCOMMODATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you currently have stable housing** | | | **Yes / No** | | | | **Is this accommodation a place you can return to:** | | | | | | | | | | | | | | | | | **Yes / No** | | |
| **Accommodation type:** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there substance use in current accommodation?** | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Who do you currently live with:** | | |  | | | | | | | | | | | | | | | | | | | | | | | |

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| **GENERAL** |
| **What kind of work interests you?** |
| **What kinds of things do you/would you like to do in your spare time?** |
| **What do you know about Bunjilwarra and where did you get the information?** |
| **What would you like to know about Bunjilwarra?** |
| **Why are you thinking of coming to Bunjilwarra?** |
| **Aims and goals** |
| **Is there anything else you would like us to know?** |