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** |  |
|  |
| **Have you experienced suicidal thoughts?** | **Yes / No** |
| **If yes, how recently?** |  |
| **Method?** |  |
| **Frequency?** |  |
| **Triggers** |  |
| **Substance use context (e.g. intoxicated, coming down or withdrawal)** |  |
|  |
| **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** |
|  |
| **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?** |