

NHS Dumfries and Galloway
SPECIALIST DRUG & ALCOHOL SERVICE – INITIAL SCREENING INFORMATION

Name		CHI/Unit Number			Male/Female	
Address		Date of Birth			CHI	
		Date of Referral				
		Presenting Problem				
Telephone Number		Alcohol	Drugs	Both	Dual Diagnosis	Psychology
Referral Agent		General Practitioner				
Address		Address				
Telephone Number		Telephone Number				
Previous Contact Yes/No		Date last seen			Last Keyworker	
Current Substance Use (what, how much, how taken, how long a problem)						
Ever Injected		Yes/ No		Age first Injected		
Withdrawal symptoms experienced						
Impact on individual/family/others (include other physical and mental health problems)						
Does person live alone Yes/No			Does person have sole responsibility for the care of children or vulnerable adults Yes/No			
Was person intoxicated at time of contact Yes/No						
Comments/Other Information (include details of other agencies involved)						
Route of disposal: Assessment		Waiting List		Refer on to:		
Date first appointment offered				Date of assessment letter		
Date of Discharge letter				Referral taken by		