

ADDICTIONS SUPPORT & COUNSELLING (ASC) - Forth Valley

Counselling and Support Service / Rehabilitation Service

Initial Contact Form

Which of our services do you wish to use/refer to?		Rehabilitation service <input type="checkbox"/>		Transcribed by		
		Counselling Service <input type="checkbox"/>				
<i>Office Use only</i> Reference #	*Rehabilitation Service Only New Service User <input type="checkbox"/> Re-Referral <input type="checkbox"/> Old # _____	Title _____	Forename	Surname	Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/>

Please complete this section fully

<p>Service User Details:</p> <p>Address _____</p> <p>Post Code _____</p> <p>Telephone _____</p> <p>Mobile Telephone _____</p> <p>Email address _____</p> <p>OK to send mail YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>OK to TEXT YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Ok to call/leave message YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Referral source:</p> <p>Self <input type="checkbox"/></p> <p>Relative/Friend/Carer <input type="checkbox"/></p> <p>GP/Health Centre <input type="checkbox"/></p> <p>Criminal Justice SW/Prison/Court <input type="checkbox"/></p> <p>CADS <input type="checkbox"/></p> <p>LADA Link <input type="checkbox"/></p> <p>Signpost / Alcohol Link <input type="checkbox"/></p> <p>Triage <input type="checkbox"/></p> <p>Employer <input type="checkbox"/></p> <p>SW (non Criminal Justice) <input type="checkbox"/></p> <p>ASC Rehab <input type="checkbox"/></p> <p>ASC Counselling Service <input type="checkbox"/></p> <p>Other (Please specify) <input type="checkbox"/></p>	<p>Referrer Contact Details:</p> <p>Telephone _____</p> <p>Email _____</p> <p>Need to be kept informed? <input type="checkbox"/></p> <hr/> <p>GP's Contact details:</p>
<p>Presenting Problem (tick as many as apply)</p> <p>What is it you would like help with?</p> <p>Own Alcohol <input type="checkbox"/></p> <p>Own Illicit Drugs <input type="checkbox"/></p> <p>Own Prescribed Drugs <input type="checkbox"/></p> <p>Own Gambling <input type="checkbox"/></p> <p>Other's Problem <input type="checkbox"/></p>	<p>Further Questions/Information</p> <p>Mental Health Issues YES/NO</p> <p>Challenging/Aggressive Behaviour YES/NO</p> <p>Risk Assessment Completed YES/NO</p> <p>SMR25a Completed YES/NO</p> <p>SMR25b Completed YES/NO</p> <p>SMR25a/b Number _____</p>	<p>Date of Referral _____</p> <hr/> <p>Preferred Location _____</p>
<p>Q1. How ready are you /is the service user to use/engage with our service?</p> <p>Q2. How did you find out about our service?</p> <p>Q3. Is the service user responsible for children in the household/ Are there children in the household? YES/NO</p>	<p>*Rehabilitation Service Only</p> <p>Length of Stability _____</p> <p style="text-align: right; font-size: small;">Continue in 'Relevant Information' section if necessary (please turn over)</p>	<p>Office Use only</p> <p>Data Entered _____</p> <p>Brochure provided _____</p> <p>Assessment form completed _____</p> <p>Consent obtained _____</p> <p>Waiting Times online _____</p>

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Relevant Information

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Initial Worker :				
<i>Date</i>	<i>Worker</i>	<i>Time</i>	<i>Type of contact/with whom</i>	<i>Comments</i>
			<i>Initial Telephone/Letter contact</i>	
Allocated Worker:				
			<i>Initial Assessment Appointment</i>	
			<i>Second Appointment</i>	
<i>Disposal:</i>				
<i>Service Offered</i> ____		<i>Referred on</i> ____		<i>Case Closed</i> ____
<i>Course Allocated:</i>				
<i>Starting Date:</i>			<i>Initial Review Date:</i>	
<i>Exit Review Date:</i>			<i>Date of Completion:</i>	
<i>Final Outcome/Output:</i>			<i>Date Case Closed:</i>	

Office Use Only

Phone Call Log					
<i>Person Contacted</i>	<i>With whom/ worker</i>	<i>Date</i>	<i>Time</i>	<i>Notes:</i>	<i>Follow-up needed?</i>