Triage Assessment Form

Name:		**DOB:**	**CRiiS ID:**
Name of worker:			**Date:**
Triage completed: (Please circle)	In person / Over the telephone		
Ensure that all information is provided on the referral form and support the service user to fill in any gaps in data.			

What is the best way for us to keep in contact with you?		
☐ Phone call	**Consent and Confidentiality agreement discussed and signed?**	YES/NO
☐ Text	**Consent to NDTMS?**	YES/NO
☐ Letter	**Can we use social media to keep in touch with you?**	YES/NO
☐ Email	If yes record details:	
☐ Other:	**Can we contact a partner/ family member to get in touch with you?**	YES/NO
	If yes who?	
	Can we write to you at the address given?	YES/NO
	Can we leave messages on the telephone numbers provided?	YES/NO
	Can we text you on the mobile number/s you've provided?	YES/NO

Triage Assessment:
What brought you here today?
How do you feel about coming here today?
How do you feel we can best support you?

A) Drug and/or alcohol use

Alcohol use:
In the last 28 days, how many days have you had a drink of alcohol?

On each of those days, how many units did you drink?

Alcohol AUDIT score:

If Alcohol AUDIT score is 16 or more please complete and record SADQ:

Drug use:
Main drug of choice:

Other substances currently/previously used:

Support:
Have you previously received treatment for substance misuse: ☐ Yes ☐ No
If yes please provide details and what did/didn't work for you:

Please provide details of any professionals currently providing support around substance misuse:

Drug/alcohol use	Current	Within last 3 months	Previous	Never
Injecting in neck/groin	☐	☐	☐	☐
Blackouts/seizures	☐	☐	☐	☐
Confusion/disorientation	☐	☐	☐	☐
Poly use (including prescribed, illicit, over the counter meds & alcohol)	☐	☐	☐	☐
Overdose	☐	☐	☐	☐

What do these risks look like for you? What are the triggers and warning signs?

What are your protective factors (e.g. motivation, positive risk taking, support and engagement)? What helps keep you safe?

B) Physical and Mental Health

Have you ever been tested for Hepatitis B?
☐ Yes ☐ No ☐ Unsure
If yes what is the latest test date?

Previous Hep B infection:
☐ Yes ☐ No ☐ Not known

Hepatitis B Vaccination course count:
☐ 1 ☐ 2 ☐ 3 ☐ Course completed ☐ None

Hepatitis B intervention:
☐ Offered and accepted
☐ Offered and Refused
☐ Immunised already
☐ Assessed as not appropriate to offer

Have you ever been tested for Hepatitis C?
☐ Yes ☐ No ☐ Unsure
If yes what is the latest test date?

If Hepatitis C tested what was the result:
☐ Positive ☐ Negative

Hepatitis C intervention status:
☐ Offered and accepted
☐ Offered and Refused
☐ Assessed as not appropriate to offer

Referred to Hepatology?
☐ Yes ☐ No
If yes what was the outcome?

Have you ever been tested for HIV?
☐ Yes ☐ No ☐ Unsure
If yes what is the latest test date?

If HIV tested what was the outcome?
☐ Positive ☐ Negative

Are you or have you previously received any treatment for HIV or Hepatitis C?
☐ Yes ☐ No ☐ Unsure
If yes please provide details:

Disability:
☐ Autism/Asperger's syndrome
☐ Mental Health Difficulties
☐ Hearing impairment
☐ Manual dexterity
☐ Attention Deficit Hyperactivity Disorder (ADHD)
☐ Dyslexia
☐ Learning Disability
☐ Learning Difficulty
☐ Literacy Impairment
☐ Mobility Impairment
☐ Physical Disability
☐ Perception of physical danger
☐ Personal self-care and continence
☐ Progressive conditions and physical health
☐ Sight Impairment
☐ Speech Impairment
☐ Acquired brain injury
☐ Dementia
☐ Cerebral Palsy
☐ Other disability
☐ No disability
☐ Prefer not to say

Prescribed/Over The Counter Medications:

Prescribed drug/over the counter medication	Reason for meds and prescriber	Daily dose	Used as directed (Y/N)

Support:
Does the service user require an advocate? ☐ Yes ☐ No
If yes please provide details of any onward referrals/signposting:

Please provide details of any professionals currently providing support around physical & mental health:

Registered with a GP: ☐ Yes ☐ No Current/last known GP name and details:

Is your GP aware of your drug/alcohol use? ☐ Yes ☐ No

C) Physical and Mental Health

Physical health	Current	Within last 3 months	Previous	Never
Diagnosed health condition	☐	☐	☐	☐
Physical health problems	☐	☐	☐	☐
Diagnosed BBV	☐	☐	☐	☐
Unsafe sex	☐	☐	☐	☐
Sex worker	☐	☐	☐	☐
Hospital admissions	☐	☐	☐	☐

What do these risks look like for you? What are the triggers and warning signs?

What are your protective factors (e.g. motivation, positive risk taking, support and engagement)?
What helps keep you safe?

Mental health	Current	Within last 3 months	Previous	Never
Diagnosed mental health condition	☐	☐	☐	☐
Thoughts of suicide/self-harm	☐	☐	☐	☐
Attempted suicide	☐	☐	☐	☐
Hospital admissions	☐	☐	☐	☐
Psychiatric interventions	☐	☐	☐	☐
Self-reported mental health concerns	☐	☐	☐	☐
Hallucinations	☐	☐	☐	☐
What do these risks look like for you? What are the triggers and warning signs?				
What are your protective factors (e.g. motivation, positive risk taking, support and engagement)? What helps keep you safe?				

D) **Children and Families:**

Parental Status

☐ Not a parent **If not a parent go to section 'Other children you have contact with.'**

☐ None of my children live with me
☐ Some of my children live with me
☐ All of my children live with me
☐ Children stay with me at least one night a week

Number of children you are a parent to who:

Live with you
Live with your partner
Live with you & your partner
Live with your ex-partner
Live with Grandparents
In Care – no contact
In Care – regular contact, supervised
In Care – regular contact, unsupervised
Live with other family
Other

Number of children under 5 years old:

Please record names and dates of birth of all children under 18 years old and details of the primary carer:

Are any of your children young carers? ☐ Yes ☐ No

If pregnant/partner pregnant what is the expected date of delivery:

Other children you have contact with:

Number of children who live in the same household as you at least one night a week:

Contact with any other children? ☐ Yes ☐ No

Who is their primary carer?

Please record the names and dates of birth of these children along with the name and address of primary caregiver:

Carer Responsibilities

Currently caring for another adult: ☐ Yes ☐ No If yes provide details:

Do you live with the person you are caring for? ☐ Yes ☐ No
If no what is their address?

Is there anyone who cares for you? ☐ Yes ☐ No
Do they require any support? ☐ Yes ☐ No
If yes please provide details below and include any actions in the plan:

Support:

Are you currently receiving any family support? ☐ Yes ☐ No

If yes do you know the specific plan that is in place?

☐ Child in Need

☐ Child Protection Plan

Please provide contact details of any professionals supporting the family:

Family Information	Yes	No
Pregnant	☐	☐
Children under 5	☐	☐

What is good about your family situation? Is there anything that you are worried about?

What are your protective factors (e.g. motivation, positive risk taking, support and engagement)?
What helps you to keep you and your family safe and well?

cgl

E) Risk of harm from others

Risk Indicators- harm from others	Current	Within last 3 months	Previous	Never
Domestic abuse	☐	☐	☐	☐
Drug/alcohol use controlled by others	☐	☐	☐	☐
Threats from others	☐	☐	☐	☐

What do these risks look like for you? What are the triggers and warning signs?

What are your protective factors (e.g. motivation, positive risk taking, support and engagement)?
What helps to keep you safe?

F) Offending

Are you currently involved in any criminal activity? ☐ Yes ☐ No
If yes please provide details:

Do you have any involvement with Criminal Justice Services?
☐ None **If none go to section G) Risk of harm to others**
☐ Current
☐ Previous
Please provide details of any current or previous offending:

Offending	Current	Within last 3 months	Previous	Never
MAPPA (Multi-agency Public Protection Arrangements)	☐	☐	☐	☐
PPO (Prolific and Priority Offender)	☐	☐	☐	☐
Sexual Offending	☐	☐	☐	☐

What helps you to manage the above risks? What protective factors are in place?

Please provide details of any professionals currently supporting you in managing these risks:

G) Risk of harm to others				
Harm to others	**Current**	**Within last 3 months**	**Previous**	**Never**
Violent behaviour	☐	☐	☐	☐
Domestic abuse perpetrator	☐	☐	☐	☐

What helps you to manage the above risks? What protective factors are in place?

Please provide details of any professionals currently supporting you in managing these risks:

H) Additional information regarding risk	
Additional risk information (e.g. from other agencies)	Source of information and contact name
Has this information been shared with the service user? ☐ Yes ☐ No	

I) Triage Outcome

We are really looking forward to seeing you again and would like to do everything we can to help you to work with us.

What can we do to help you get the most from your appointments with us?

Are there specific days or a time of day that is more convenient?

Who else would you like to be involved in your work with us?

If you are feeling unsure about continuing to work with us, what can you say to yourself or what can we say to you to help you stay on track?

How would you like us to contact you?

☐ Phone ☐ Letter ☐ Text ☐ Email ☐ Next of kin ☐ Peer mentor
☐ Home visit ☐ Social media ☐ Via partner/family ☐ Other

Date of next appointment:

How did you find this assessment? ☐ Positive experience ☐ Negative experience

If you feel this has been a negative experience would it would ok for a service user representative to call you so that we can try to improve this in the future? ☐ Yes ☐ No

J) Actions Taken and Next Steps

Immediate actions taken:

☐ Safer injecting advice given
☐ Tolerance & overdose prevention advice given
☐ Advice given on safer sex
☐ Referred for BBV testing/vaccinations
☐ Naloxone issued
☐ Safe storage box provided
☐ Discussed safe storage all of meds in house
☐ Out of hours emergency contacts provided
☐ Advice given on safer sex
☐ Advised to seek urgent care for black outs/seizures

☐ Information shared with relevant professionals
☐ Discussed with Safeguarding Lead
☐ Home visit arranged
☐ Referred to Children's Social Care
☐ If not GP registered offered support to register
☐ If registered with GP verification letter sent
☐ Nurse appointment booked for BB vaccinations
☐ BBV screening completed at Triage and appointment booked with nurse for results in 21 days

Does the service user require assessment for substitute prescribing? ☐ Yes ☐ No	**If YES and ANY of below risks have been identified as CURRENT:** • Injecting in neck/groin • Blackouts/seizures • Poly use (including prescribed, illicit, over the counter meds & alcohol) • Overdose • Pregnant **Immediate referral for Medical Assessment and where possible appointment scheduled within a maximum of 48 hours of Triage Assessment.**
	All other service users requiring a medical assessment to be seen within 5 working days
Has the service user scored 30 or more on the SAD-Q? ☐ Yes ☐ No	**Immediate referral for Specialist Nurse Alcohol Assessment/Medic Review and where possible appointment scheduled within maximum of 48 hours of Triage Assessment**
Has the service user scored 17-29 on the SAD-Q? ☐ Yes ☐ No	**If YES and ANY of the below risks have been identified as CURRENT:** • Blackouts/seizures • Confusion/disorientation • Poly use (including prescribed, illicit, over the counter meds & alcohol) • Pregnant **Immediate referral for Specialist Nurse Alcohol Assessment/Medic Review and where possible appointment scheduled within maximum of 48 hours of Triage Assessment**
	Where service users score 17-29 on the SAD-Q and don't have the above risks identified as current, referral to be made for nurse assessment within one week.
Has the service user scored 16 or more on the Alcohol AUDIT? ☐ Yes ☐ No	**Refer directly to Alcohol Extended Brief Interventions (EBI).**

Notts Phase/pathway	**Onward Pathway:**	**Time in Treatment**
☐ Phase 2 – Non OCU/-20 on audit ☐ Phase 3 – +20 on Audit or OCU ☐ Phase 5 – recovery support	☐ Psychosocial ☐ Pharmacological In house ☐ Pharmacological GP Shared Care ☐ Recovery Support	☐ Standard:14 hours or less ☐ High: Over 14 hours and under 25 hours ☐ Very high: Over 25 hours

☐☐