

CCD ADDICTION MED INTERVIEW V2

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:

Assessment End Date:

Reason For Assessment:

Carried Out By:

Reason for Referral/Identifying Information

Medical History

Psychiatric History

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Name:

PARIS ID:

Substance Use [MRR]

Substance Use:

☐

Not Assessed

☐

No Identified Issues

Prim	Substance	Primary Route	Date Last Used	# Days of use in last 30 Days	Typical Day Amt Used	Age at First Use	Current Pattern	Stage of Change
<input type="checkbox"/>	Alcohol							
<input type="checkbox"/>	Non-beverage Alcohol							
<input type="checkbox"/>	Tobacco							
<input type="checkbox"/>	Cannabis							
<input type="checkbox"/>	Crack Cocaine							
<input type="checkbox"/>	Cocaine							
<input type="checkbox"/>	Heroin							
<input type="checkbox"/>	Opioids:							
<input type="checkbox"/>	Opioids:							
<input type="checkbox"/>	Benzos:							
<input type="checkbox"/>	Benzos:							
<input type="checkbox"/>	Crystal Meth							
<input type="checkbox"/>	Amphetamines							
<input type="checkbox"/>	Club Drugs:							
<input type="checkbox"/>	Hallucinogens:							
<input type="checkbox"/>	Inhalants:							
<input type="checkbox"/>	Over-the-Counter Drugs (exc. codeine):							
<input type="checkbox"/>	Other Prescription Drugs (exc. opioids):							
<input type="checkbox"/>	Other:							
<input type="checkbox"/>	Other:							

Has client shared needles with other users within the last 30 days?

☐ Yes

☐ No

☐ Unknown

☐ Not Applicable

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Substance Use Comments

Allergies - Current

Content may have been entered/updated after assessment completed.

Date Entered	Allergen	Category	Source	Reaction	Reaction Details
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Family History - Personal/Social History

Current / Historic Medications

MHA Minimum Reporting Requirements [MRR]

Client has experienced violence/abuse towards them in the 12 months prior to referral or during service [MRR]:

☐ Yes, indicated by client ☐ No

☐ Yes, indicated by other trusted source ☐ Unknown/not asked

Client has made a suicide attempt or engaged in significant intentional self-harm in the last 24 hours [MRR]:

☐ Yes, indicated by client ☐ No

☐ Yes, indicated by other trusted source ☐ Unknown/not asked

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Pregnancy [MRR]

Date Recorded	N/A	Currently Pregnant?	Pregnancy in the last two years?	Recorded By	Team Name
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Parenting [MRR]

Date Recorded	Currently Parenting?	Recorded By	Team Name
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Criminal Justice [MRR]

Date Recorded	Criminal Justice Involvement	Nature of Involvement	Recorded By	Team Name
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Legal Status [MRR]

Legal Status Type	Start Date	End Date	Recorded By	Date Recorded	Team Name
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Discussion

Impression - Recommendations - Comments

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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HoNOS: Adult and 65+ [MRR]

HoNOS Score Sheet- Adult and 65+

Health of the Nation Outcome Scales (HoNOS) © Royal College of Psychiatrists 1996;

Health of the Nation Outcome Scales for Elderly People (HoNOS 65+) © Royal College of Psychiatrists 1999

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Severity

(0-4,9)

HoNOS: Adult and 65+

1. Overactive, aggressive, disruptive or agitated behaviour
2. Non-accidental self-injury
3. Problems drinking or drug-taking
4. Cognitive problems
5. Physical illness or disability problems
6. Problems associated with hallucinations and delusions
7. Problems with depressed mood
8. Other mental and behavioural problems
Disorder (A B C D E F G H I or J):
Specify:
9. Problems with relationships
10. Problems with activities of daily living
11. Problems with living conditions
12. Problems with occupation and activities

HoNOS Comments

Other People Involved

Copies To Be Sent To:

Other Authorizers

Other Authorizer:

Date:

Other Authorizer:

Date:

Authorization Details

Carried Out By:

Date:

Closing Authorizer:

Date:

Notes:

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----