

**YOUTH ADDICTIONS ASSESSMENT SUMMARY**

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

Assessment Start Date:

Assessment End Date:

Reason For Assessment:

Carried Out By:

**External Agencies / Other Professionals**

Organization	Relationship	Telephone	Address
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**Reason For Referral / Main Problem Area**

**Living Situation**

**Family And Relationships**

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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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### Social And Peer Relationships

May include perceived quality of social and peer relationships, strengths and challenges.

### School, Work, Volunteer

May include concerns and strengths in areas of productivity such as school, volunteer, and paid work.

### Legal Status [MRR]

Legal Status Type	Start Date	End Date	Recorded By	Date Recorded	Team Name
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### Other Legal/Financial Concerns

May include additional details on client's legal status, criminal justice involvement and other legal involvement or concern such as lawsuit, active ICBC or WCB case, family law proceedings.

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

- Yes, indicated by client \_\_\_\_\_  No \_\_\_\_\_
- Yes, indicated by other trusted source \_\_\_\_\_  Unknown/not asked \_\_\_\_\_

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## Mental Health And Addictions Concerns

May include problems of mood, anxiety, organization of thought, or personality difficulties.

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

- |  |   |
|--|---|
| <input type="checkbox"/> <u>Yes, indicated by client</u>               | <input type="checkbox"/> <u>No</u>                |
| <input type="checkbox"/> <u>Yes, indicated by other trusted source</u> | <input type="checkbox"/> <u>Unknown/not asked</u> |

## Substance Use [MRR]

Substance Use:  **Not Assessed**  **No Identified Issues**

	Primary Problem	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 (excluding codeine):								
<input type="checkbox"/>	Prescription Drugs (excluding 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

Periods of heaviest use, negative/positive effects (hangovers, blackouts, sexual assault), gambling.

### Medical/Physical Health

### Sexuality

### Self Care

Sleep, nutrition, exercise, fun, relaxation/breathing, spirituality.

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**Clinical Impression/Motivation To Change**

**Treatment Plan And Recommendations**

**Additional Information**

**Needs**

<b>Need</b>	<b>Post to C/P</b>	<b>Processed</b>	<b>Comments</b>
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## HoNOSCA: Child and Adolescent [MRR]

HoNOSCA Score Sheet- Child and Adolescent

Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) © Royal College of Psychiatrists 1999

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### HoNOSCA: Child and Adolescent

**Severity  
(0-4,9)**

#### Section A

1. Disruptive, antisocial or aggressive behaviour
2. Overactivity, attention and concentration
3. Non-accidental self-injury
4. Alcohol, substance/solvent misuse
5. Scholastic or language skills
6. Physical illness or disability problems
7. Hallucinations and delusions
8. Non-organic somatic symptoms
9. Emotional and related symptoms

Disorder (A B C D E F G H or I):

Specify:

10. Peer relationships
11. Self care and independence
12. Family life and relationships
13. Poor school attendance

#### Section B

14. Lack of Knowledge- nature of difficulties
15. Lack of information- services/management

### 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 -----