



## INITIAL CONTACT/BRIEF INTERVENTION FORM

### 1.0 Client Information

First Name			
Surname			
Address			
	Postcode:	Borough:	
Home Telephone			
Mobile			
Work Telephone			
Permission to contact/leave message	Y	N	
Gender	Male	Female	
Date Of Birth			

### 2.0 Ethnicity

African(except Somali)		Orthodox Jewish	
Arab/Middle East		Other Asian	
Bangladeshi( Inc.British)		Other Black	
Black British		Other Mixed	
Caribbean		Other White/Mixed White	
Chinese		Other White European	
Eastern European		Pakistani (inc. British)	
English, Scottish,Welsh		Refused to Respond	
Greek( inc Greek Cypriot)		Somalian	
Indian(incBritish)		Traveller	
Irish		Vietnamese	
Jewish		White & Asian	
Kurdish		White & Black African	
Not stated		White & Black Caribbean	
Any Other Group			

### 3.0 Who has the Drug/Alcohol Problem

Category	Tick		Tick
Client		Child	
Partner		Friend	
Parent		Other	
Previous Client		Approx Date Attended:	

#### 4.0 Substance Use Goal

Abstinence		Reduction	
Controlled Use		Harm Minimisation	
Stabilisation			

#### 5.0 Current Substance Use:

Alcohol Use:

Drug Use:

#### 6.0 Dependents

Does the person look after anyone (children, adult etc)	Yes	No
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If Yes, please state who they are:

#### 7.0 Violence

Has the person ever been violent	Yes	No
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If Yes, please give brief description

**8.0 Type Of Intervention (Please tick all apply)**

Category	Tick	Category	Tick
Alcohol Information		Alcohol leaflet	
Drug Information		Drug Leaflet	
Safer Drinking		BBV Leaflet	
Safer Drug Use		DASL Service Info	
BBV Information		Domestic Violence Info	
Service Contact Details		Harm Minimisation	
Brief Intervention		Risk Information	
Referred On		Emergency Services	
Significant Other info		Other (please specify)	

**9.0 How was this intervention carried out**

Walk In		By Telephone	
External Agency		External Venue	
Outreach		Other	

**10.0 Referred by**

Organisation		
Referrers name		
Contact telephone number		
Fax Number		
Contact Address		
Has client consented to referral	Yes	No

**11.0 Additional Information** i.e. Risk, Mental/ Physical health

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**12.0**

Worker Name	Signature	Date

