



Initial Assessment Form for Methadone Treatment

Assessment date: __/__/____ Place: _____ Assessed by _____

1. PERSONAL DETAILS

Surname _____ Forename(s) _____ Initials _____

Relationship/Marital Status _____ Gender _____

D.O.B. _____ Age _____

Address _____

Telephone No _____ Mobile Number _____

Can we write to you at the above address: Yes No Can we call you on this Mobile: Yes No

Call we call in person to the above address: Yes No Can we call you on this Landline: Yes No

Nationality _____

G.P Name and Address: _____

Medical Card: Yes No Medical Card Number _____

HSE Area: -- _____ PPSN/PRSI No. _____

Contact Type with this clinic (New / Old Client) _____

2. CURRENT LIVING ARRANGEMENTS

Accommodation type:

family home rented Own home homeless Institution (prison, clinic) _____

Who do you live with? alone with partner Husband/wife with parents

Living with drug users: Yes No Specify: _____

No. of children: _____ Ages _____ Child Care issues: _____

Social workers involved: Yes No If Yes please Specify: _____

3. EDUCATION AND EMPLOYMENT HISTORY

Age left school _____ Highest Educational level _____

Occupation _____ Employment Status _____

If working, what days do you work? _____ What hours do you work? _____

4. FAMILY HISTORY

Next of kin: _____ Address _____ Phone _____

Family aware of Drug Use? Yes No How many brothers and sisters?: _____

History of Substance use in family?: Yes No

Family Members affected:

Alcohol: Yes No Please specify: _____

Drugs Yes No Please specify: _____

Both Yes No Please specify: _____

5. DRUG HISTORY

Age first used drugs _____

First drug taken _____

Drugs used	Route	Frequency	Quantity	Duration	Age 1 st used
Alcohol					
Cannabis					
Hallucinogens					
Benzodiazepines (Hypnotics & Sedatives)					
Heroin (Opiates)					
Methadone (Opiates)					
Cocaine (Stimulants)					
Amphetamine (Stimulants)					
Ecstasy (Stimulants)					
Other					

Ever injected: Yes No Age first injected: _____

Injected in last month? Yes No

If using I.V. needles how are they obtained? _____

Ever shared needles? Yes No Shared in last month? Yes No

7.VIROLOGY

Are you aware of your viral status? Have you ever had an::

HIV test Yes No **If YES was it:** _____ (1-Positive 2-Negative 3-Unknown)
Hepatitis B test Yes No **If YES was it:** _____ (1-Positive 2-Negative 3-Unknown)
Hepatitis C test Yes No **If YES was it:** _____ (1-Positive 2-Negative 3-Unknown)

Unprotected Intercourse Yes No

Any STIS ever Yes No **Details:** _____

8. FORENSIC HISTORY

Ever in prison? Yes No

Currently on probation? Yes No

Any current charges pending?: Yes No _____ **specify**

Details of previous criminal charges _____