

ANY UNRESOLVED LEGAL MATTERS:

EXPECTED RELEASE DATE (if relevant): / /

NATURE OF OFFENDING (ie. drug-related theft, violent offence etc):

CURRENT YOUTH JUSTICE INVOLVEMENT: YES NO

CURRENT PATTERN OF DRUG/ALCOHOL USE (ie. pattern, method and reason for use):

TYPE	Use (C/P)*	1-3 times in past month	Weekly	2-3 times weekly	Daily	Method of use	Reason for use
1. Inhalants/chroming (glue, petrol, solvent, rush)							
2. Pain killers (aspirin, paracetamol etc)							
3. Natural hallucinogens (magic mushrooms, datura, angel's trumpet)							
4. LSD (acid, tabs)							
5. Ecstasy (E, XTX, eccy, party drug)							
6. Marijuana or any other cannabis product (choof, grass, dope, pot, weed, hash)							
7. Heroin (hammer, smack, skag, rock)							
8. Amphetamines (speed, uppers, MDA, eve)							
9. Sleeping pills (tranx, valium, serapax, rohypnol)							
10. Cocaine (coke, crack, blow, charlie)							
11. Alcohol							

C=Current, P=Past

HEALTH PROBLEMS (that may affect participation in Gateway Programs): _____

MENTAL HEALTH DIAGNOSIS: YES NO

Nature of diagnosis: _____

INJURY (please state): _____

TYPE OF MEDICATION	SELF/PRESCRIBED	DOSE	SIDE-EFFECTS
_____	_____	_____	_____
_____	_____	_____	_____

TARGET GROUP (tick multiple if relevant):

- Recently arrived migrant (2 yrs)
- Indigenous
- Mental illness
- Ex-offender
- Neighbourhood Renewal resident
- CALD

- Disabled
- Public Housing Tenant
- Youth (15-24 yrs)
- Homeless
- Sole parent
- Other _____

CURRENT SUPPORTS & SIGNIFICANT OTHERS INVOLVED (include key contacts, services, family etc):

CONTACT NAME:	RELATIONSHIP (agency name etc)	CONTACT DETAILS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

CURRENT SPECIFIC NEEDS/STRESSORS (ie. concerns re: risk, health, etc):

INTERESTS AND STRENGTHS:

CONTACT OUTCOME:		<input type="checkbox"/> Information Session ___/___/___	Worker: _____
PIPS: ___/___/___	<input type="checkbox"/> Referral	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted: _____
	Program Match: _____		
PIPS: ___/___/___	<input type="checkbox"/> Enrolment ___/___/___	Worker: _____	

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