

Alcohol & Other Drugs BRIEF Assessment Section 1A

Name: _____ DOB / Age: _____

Gender: Male Female
Indigenous Status: Indigenous Non Indigenous

Mobile number: _____ Ok to Text? Yes No

Have you seen the Health Worker/Nurse? Yes No (if no refer to Health Centre for check-up)

Address/Community _____

Emergency contact person/ _____

Family or friend? _____ Mobile no: _____

Did anyone tell you to come see me? Yes No

If Yes, why?

Is there trouble with Police or court? Yes No N/A

(more detail in 1B Comprehensive Assessment)

What worries do you want to talk about with me?

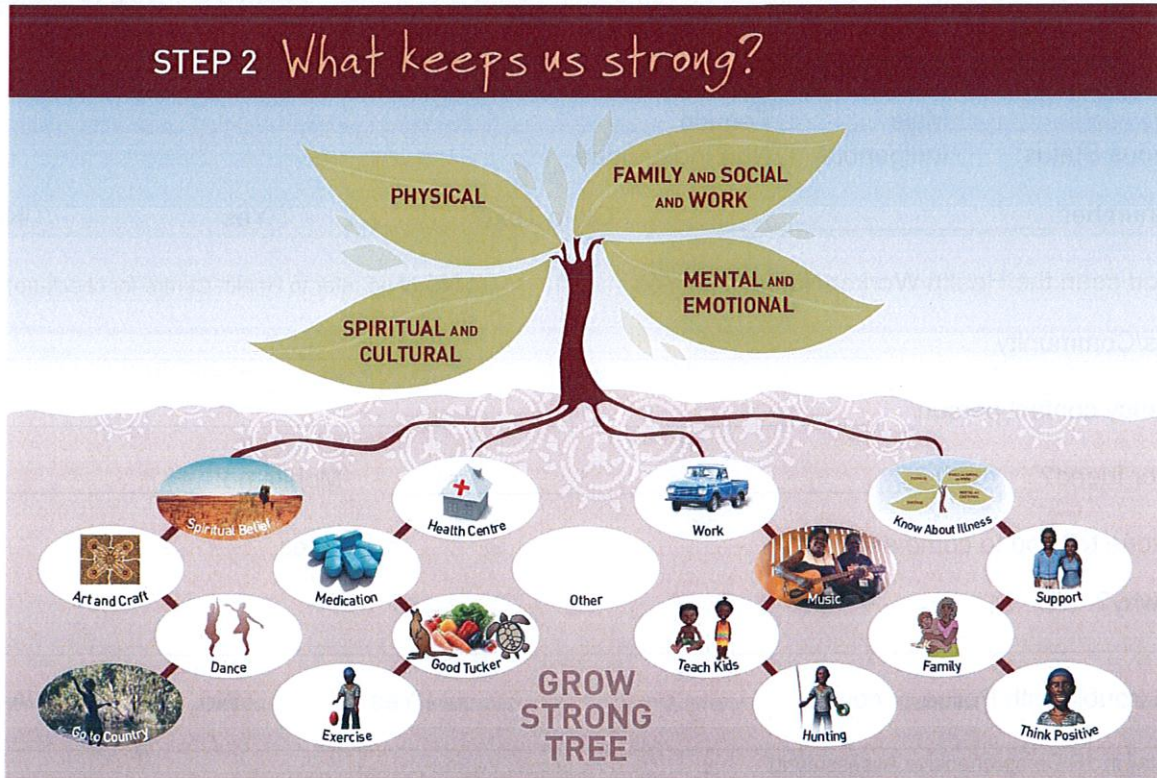
What would you like to do?

What drug do you most use? _____

What's your biggest worry with that drug? Main worry _____

STEP 1 Family and friends





RISK CHECK: Could I just check a few other things now?

- Have you ever thought about hurting yourself or tried to hurt yourself in the past? Y / N
- Have you been thinking about or have you hurt yourself in the last few weeks? Y / N***
- Have you ever hurt another person in the past? Y / N
- Have you been thinking about hurting another person? Any particular person? Y / N***
- Are you feeling sick or have you stopped regular alcohol use suddenly? Y / N***
- For women: Is there a chance you are pregnant? Y / N***

*****If YES take client to health centre immediately*****

Is it safe to go home today? Y / N***

*****If NO talk to Manager right away*****

GOAL SETTING: What would you most like to change in your life right now?

With your alcohol or drug use, would you like to: slow down stop not change think about changing

Or are you: already slowing down and want more help already stopped and want more help

This is your goal for change: _____

How can I help? _____

What community activities could help? _____

What services could help? _____ I'll see you again on: _____

Outcomes:

- Enter into AOD Service → use Yarning tool for drug they want to change
- At risk → refer to Health Centre or Mental Health.
- Client not interested in AOD help → exit from service
- Client wants referral to another service: _____