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| **Client Name: ClientID** | **Plan Date: plan\_date** | **Practitioner: staff** |

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| **Welcome/Introductions** | * **Consent to Share** * **Rights & Responsibilities** * **Feedback/Complaints Procedure** |

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| **Client Type**   * **Own use** * **Other’s Use** | **Current Issues** | **Client Goals**  *<Pre-fill, where checked, from Q 24 Client Registration>* | **PRIORITY**  **High**  **Medium**  **Low**  *<drop down options>* |
| **Substance Use** | <<ni\_sum\_pres\_issues>> | ni\_goals |  |
| **Housing & Safety** | ni\_hou\_saft | ni\_goals\_housaft |  |
| **Everyday Living** | ni\_livissu | ni\_goals\_livissu |  |
| **Physical Health & Wellbeing** | ni\_sum\_welb | ni\_goals\_welb |  |
| **Mental Health & Wellbeing** | ni\_sum\_ment | ni\_goals\_ment |  |

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| **Relationships, Parenting &**  **Social Wellbeing** | ni\_rel | ni\_goals\_rel |  |
| **Legal** |  |  |  |
| **Risks** | In the last 4 weeks, have you experienced any of the following risks? :exprisk  Any indication of domestic/family violence?: risk\_dv,  Any indication of suicidal ideation?: risk\_suicide  Mental Health Risk Issues: risk\_ment\_issues,  Any indication of mental health risks?: risk\_ment, | *Prefill* **<***Where checked Q 13 Initial Assessment & Q 13 ITSP Review>*  *Prefill Notes from Qs 49 & 50 Initial assessment & Qs 42 & 43 ITSP Review* |  |
| **Service Support** | Have you ever previously accessed alcohol and/or drug treatment? : prevassess  Are you engaged with any other services at the moment?: otherserv,  DIRECTIONS SERVICES: What type of support best matches client needs and goals?:services  Notes:  *<Pre-fill from Assessment & Review Notes Qs 75 & 67 noted above>*   * **Referrals:**   <free text> | | |
| **ITSP Review Date** | **Client Signature (for hard copies)**    *<insert checkbox for digital indication of client agreement with planning goals and actions >* | | |

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| **Principal Substance of Concern** | **Injecting Drug Status** |
| Drug: PDC\_selection  Method of use: pdc\_method  nDays/28 : pdc\_ndays | How long since you last injected?: injhwlong  Shared Any Equipment?: injshare  Number of Injecting Days in the last 4 weeks?: injdays |
| **Impact on Daily Living** | **Your Current Housing** |
| During the last 4 weeks, how often has your substance use impacted on your work or other daily living activities ?:impactliving  Usual Accommodation: usuaccom  Living Arrangements - Who do you live with?: livar | Housing Stability In the past 4 weeks, have you had any difficulties with housing or finding somewhere stable to live?: diffhouse  Physical Safety Do you feel safe where you live? : physafety  Do you have any concerns for the safety and wellbeing of either yourself or others?: safety\_concern |
| **Work & Study** | **SDS Severity of Dependence Scale** |
| What is your highest level of education? : highedu  Are you currently employed?: empl  What is your principal income source?: pinc  In the last 4 weeks, how often have you engaged in any of the following?: engag  Study - college, school or vocational education: eng\_edu  How much time per week do you spend on....?: spendtime | Do you ever think that your drug/alcohol use is out of control? Outctrl  Does the prospect of missing a session fix make you very anxious or nervous? missanx  How much do you worry about your use of drugs/alcohol? worry  Do you wish you could stop? stop  How difficult would you find it to stop or go without your substance of concern? diffstop  **SCORE:** |
|  | Did you gamble at all in the last 4 weeks? gamble  Did you engage in any other addictive behaviours in the last 4 weeks? addictiveb |

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| **Physical Health** | **Psychological/mental health** |
| How has your physical health been, in the last 4 weeks?: phyheal  How often has your health caused problems in your daily life?: healcauseprob  Do you have a GP or medical centre that you regularly attend?: regumedic  In the past 4 weeks have you been in hospital or needed to call an ambulance? : ambu  Are you currently taking any medications?: medications  Do you suffer from any allergies?: allerg | Do you have moods, fears, emotions or other thoughts that concern you?:mentrate  Sleep Do you have any sleep issues? Check all that apply: sleep  How often does your mental health create problems in your daily life?: mentcauseprob  Have you ever been diagnosed with a mental health issue? : diagment  Have you have ever been hospitalised for a mental health issue? : hospment  Have you experienced any thoughts of death/dying or of hurting yourself?: thoughtsofhurt |
| **Social/Community Connections** | **Parenting/Caregiving** |
| Do you have family and/or social connections who are positive and supportive? Are you involved in your community?:socommconn,  How often does your substance use lead to problems or arguments with family members or friends?: famprob,  Has anyone been violent or abusive towards you?: violtoyou,  Have you used violence or been abusive towards anyone?: violbyyou, | Do you have parenting/caregiving responsibilities? Are you the primary caregiver for, or living with, any children? : caregiving  Are there any child protection concerns? Have either FaCS or OCYFS been involved with your family?: childprot  Have you served a custodial sentence in the past?: custod |
| **Legal** | **Resilience** |
| Have you been arrested in the last 4 weeks? : arrest  In the last 4 weeks, how often have you been involved in any illegal activities? ?: illegal  Are you currently subject to court orders or have any charges pending?: crtorder  Do you need help with a Work Development Order to pay off any outstanding fines?: wrkdevorder  Optimism/Hopefulness Do you feel positive/motivated about your future?: optim | Are you able to bounce back from stressful events?: resili  How important is change to you?: change  How close are you to where you want to be in managing your substance use?: closemanag  So, now we've gone through everything, how would you rate your situation over the last 4 weeks ?: ratesituation  Is there anything else you'd like to tell us about yourself ?:else |