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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Member | | Team | | | Date of ATOM | | | ATOM Type |
|  | |  | | |  | | |  |
| Client ID | |  | | | | | | |
| Client Type | |  | | | |  | | |
|  | | | | | | | | |
| Everyday Living | | | | | | | | |
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| During the last 4 weeks, how often has substance use (or other addictive behavior) impacted on your work or other daily living activities? | | | | | | | | |
| How well are you able to manage the impact of the other person's substance use on your life? | | | | | | | | |
| How well are you able to set boundaries and prioritise your own wellbeing? | | | | | | | | |
| Every Day Living Issues: | | | | | | | | |
| Every Day Living Goals: | | | | | | | | |
|  | | | | | | | | |
| Housing and Safety | | | | | | | | |
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| How would the client rate their current housing situation? | | | | | | | | |
| In the past 4 weeks has the client had any difficulties with housing or finding somewhere stable to live? | | | | | | | | |
| Does the client report feeling safe where they live? | | | | | | | | |
| Usual Accommodation (What kind of accommodation does the client live in?) | | | | | | | | |
| Living Arrangement (Who does the client live with?) | | | | | | | | |
| Housing and Safety Issues: | | | | | | | | |
| Housing and Safety Goals: | | | | | | | | |
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| Physical Health and Wellbeing | | | | | | | | |
|  | | | | | | | | |
| How has your physical health been, in the last 4 weeks? (1-10) | | | | | | | | |
| In the last 4 weeks, how often has your physical health caused problems in your daily life? | | | | | | | | |
| In the past 4 weeks have you been in hospital or needed to call an ambulance? | | | | | | | | |
| Details of Hospital/Ambulance if applicable: | | | | | | | | |
| Are you currently taking any medications (for either physical or mental health)? | | | | | | | | |
| Physical Health and Wellbeing Issues: | | | | | | | | |
| Physical Health and Wellbeing Goals: | | | | | | | | |
|  | | | | | | | | |
| Mental Health and Wellbeing | | | | | | | | |
|  | | | | | | | | |
| How has your psychological / mental health been, in the last 4 weeks? (1-10) | | | | | | | | |
| In the last 4 weeks, how often has your mental health created problems in your daily life? | | | | | | | | |
| Have you ever been diagnosed with a mental health issue? | | | | | | | | |
| Current identified mental health risks: | | | | | | | | |
| Historical and contextual mental health risks: | | | | | | | | |
| **Kessler 10** | **Score**  /50 | | \* Score under 20 are likely to be well  \* Score 20-24 are likely to have a mild mental disorder  \* Score 25-29 are likely to have moderate mental disorder  \* Score 30 and over are likely to have a severe mental disorder | | | | | |
| 1. During the last 30 days, about how often did you feel tired out for no good reason? | | | | | | |  | |
| 2. During the last 30 days, about how often did you feel nervous? | | | | | | |  | |
| 3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down? | | | | | | |  | |
| 4. During the last 30 days, about how often did you feel hopeless? | | | | | | |  | |
| 5. During the last 30 days, about how often did you feel restless or fidgety? | | | | | | |  | |
| 6. During the last 30 days, about how often did you feel so restless you could not sit still? | | | | | | |  | |
| 7. During the last 30 days, about how often did you feel depressed? | | | | | | |  | |
| 8. During the last 30 days, about how often did you feel that everything was an effort? | | | | | | |  | |
| 9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up? | | | | | | |  | |
| 10. During the last 30 days, about how often did you feel worthless? | | | | | | |  | |
| Mental Health Notes: | | | | | | | | |
| Mental Health Goals: | | | | | | | | |
|  | | | | | | | | |
| Relationships, Parenting, and Social Wellbeing | | | | | | | | |
|  | | | | | | | | |
| Do you have any positive family and/or social support around you?  Notes: | | | | | | | | |
| In the last 4 weeks, how often has substance use led to problems or arguments with family members or friends  Notes: | | | | | | | | |
| Do you have any domestic violence or family safety concerns?  Notes: | | | | | | | | |
| Have you used violence or been abusive towards anyone, over the last 4 weeks?  Notes: | | | | | | | | |
| In the last 4 weeks, have you had any parenting / caregiving responsibilities? | | | | | | | | |
| Are there any child protection concerns?  Notes: | | | | | | | | |
| Relationships, Parenting, and Social Wellbeing Issues: | | | | | | | | |
| Relationships, Parenting, and Social Wellbeing Goals: | | | | | | | | |
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| Legal | | | | | | | | |
|  | | | | | | | | |
| Have you experienced any legal issues as a result of another person's substance use? **LegalIssuesDueToOthersUse** | | | | | | | | |
| Legal Issues: | | | | | | | | |
| Legal Goals: | | | | | | | | |
|  | | | | | | | | |
| Client Reflection on Change | | | | | | | | |
|  | | | | | | | | |
| How close are you to where you want to be in managing the impact of the other person's substance use? (‘No Where Close’ 1 - 10 ‘Achieved my goals’)  Notes: | | | | | | | | |
| How does the client rate their quality of life over the last 4 weeks? ‘Poor quality of life’ 1 – 10 ‘Really good quality of life’?  Notes: | | | | | | | | |
|  | | | | | | | | |
| Supports/Risk Assessment | | | | | | | | |
|  | | | | | | | | |
| Is the client currently accessing any other services?  Notes: | | | | | | | | |
| Internal Supports the client is seeking: | | | |  | | | | |
| External supports the client is seeking: | | | |  | | | | |
| Risk assessments required:   |  |  | | --- | --- | | **[ ]** | Any indication of mental health risks? | | **[ ]** | Any indication of suicidal ideation? | | **[ ]** | Any indication of domestic / family violence? | | **[ ]** | Any potential risk of overdose? | | | | | | | | | |
| Risk assessment notes: | | | | | | | | |
| Final Checklist   |  |  | | --- | --- | | **[ ]** | Risk Assessments Completed (if indicated) | | **[ ]** | Client Consent to Share Information - signed | | **[ ]** | Client provided with Rights and Responsibilities | | **[ ]** | Client provided with Feedback and Complaints process | | **[ ]** | Feedback provided to referrer, if required | | | | | | | | | |
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