

Barnsley YP Drug Use Screening Tool



SECTION 1 – YOUNG PERSONS DETAILS

Date of referral	
Is YP aware of referral	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does YP consent to referral	Yes <input type="checkbox"/> No <input type="checkbox"/>
Client Signature/ Verbal consent given to SMS Worker	
Name	
Address	
Postcode	
Can we send a letter home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Young Person phone Number(s)	
Consent to call YP?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email	
Date of Birth & Age	
Gender	
Substance(s) of Choice	
Ethnicity	
Religion	
School / College attending	
EHA Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes ask for a copy)	
CARE STATUS / Living with	

SECTION 2 – GP'S DETAILS

GP
GP's Address

SECTION 3 – OTHER AGENCIES INVOLVED

YOT	Yes <input type="checkbox"/> No <input type="checkbox"/>
Housing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Social Care	Yes <input type="checkbox"/> No <input type="checkbox"/>
CAMHS	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Agency:	
Practitioner:	
Contact:	

SECTION 4 – EXPECTATIONS

What are you expecting the service to do for you following this referral?

Preferred days / times / location of appointments

SECTION 5 – PARTICULAR NEEDS

e.g. language/literacy needs, capacity, guardianship, mobility, wheel chair user, visual / hearing impairment, English not first language

SECTION 6 – RISK / PROTECTIVE FACTORS

Please add any information that may indicate a risk to the client, dependents, staff or others, e.g. suicidal, violence, pregnancy, child protection, EHA, recent victim of crime, CSE risk etc

SECTION 7 – OFFENDING BEHAVIOUR

Outline recent offending history

SECTION 8 – REFERRER (IF APPLICABLE)

Referrer name

Referrer contact details

Consent from referrer to store referrer details
Yes No

Miscellaneous information

Barnsley YP Drug Use Screening Tool

This form is a screening tool only: completing this form can help you decide whether an assessment from a specialist service is needed. The information is also designed to help any specialist service you may make a referral to.

Complete this form by ticking the most appropriate box. You may be unable to complete all of the questions but please answer as many as possible. This part of the form is not a requirement BUT does enable services to build a better picture of need to ensure the most appropriate response. If you are not able to complete this page of the form but still wish to refer, please turn over. We encourage people to complete this form together with the client / patient where possible.

Once you have completed the tool, please add up the points from each section to assist you in deciding which service(s) are most appropriate to refer to. This form cannot replace your own judgment or that of the person you are working with.

Section 1 – Current Drug / Alcohol Use

Drug / Alcohol Use - Frequency	
0	No current drug / alcohol use
1	Occasional drug / alcohol use
2	Regular drug / alcohol use or bingeing
Injecting history	
0	Never injected
3	Previous history of injecting behaviour
5	Currently injecting
Drug Type (please circle all drugs used)	
0	No drug use
2	Cannabis/Ecstasy/Amphetamine/'NPS'/Cocaine/Alcohol/Mephedrone/Tobacco
5	Heroin/Methadone/Crack/other opiates/solvents/prescribed drugs/drug combinations
Drug/Alcohol Use - Intoxication	
0	No drug/alcohol use
1	Drug/alcohol use without loss of consciousness or aggression
2	Drug/alcohol use with loss of consciousness or aggression (please ring)
Contact with Drug Users	
0	No drug using friends
1	Has some who use drugs and some who don't
2	All friends use drugs
Familial Drug/Alcohol Use	
0	No known family drug/alcohol use
2	Known drug/alcohol use in close family
DRUG/ALCOHOL USE TOTAL	

Section 2 – Social situation/behavior

Living Situation	
0	Stable and safe accommodation
2	Poor accommodation (e.g. hostel)
2	Looked after child
6	Homelessness / sofa surfing
Support	
0	Has appropriate relationships with more than one adult
1	One appropriate relationship with an adult
2	No appropriate relationships with adults or problematic relationships (i.e. DV)
Occupation	
0	In education / employment / training
1	Truants / risking exclusion from work
2	NEET / excluded
Criminal Involvement	
0	No criminal involvement
1	At risk of involvement in CJS
2	Involved in CJS or committing serious crimes
Sexual Behavior	
2	Inappropriate / unsafe sexual behaviour
6	Commercial sex / abusive relationships

Other Risk Factors	
2	Drug related debt
6	Vulnerable to abuse by others
4	Significant parental substance use
4	Significant parental mental health issues
6	Child protection involvement with children
2	Gambling
SOCIAL SITUATION/BEHAVIOUR TOTAL	

Section 3 – General/Psychological Health

General Health	
0	Person reports no significant health problems
1	Dental problems
1	Sleep problems
5	Severe sleep problems
5	Gastric problems
5	Chronic fatigue
10	Abscesses and/or DVT
10	Accidental overdose history
10	Fits/seizures
10	Extreme weight loss/gain
10	Blackouts / memory problems
10	Pregnant
Psychological Health	
0	No psychological problems
1	Low self esteem
5	Eating disorder / change in eating pattern (loss / binges)
5	Frequent bouts of unhappiness/depression
5	Self harm
5	Severe anxiety/panic attacks
7	Aggressive behaviour (not substance related)
10	Paranoia/hallucinations (not substance related)
10	Suicide risk
GENERAL/PSYCH HEALTH TOTAL	

SCORING TABLE

Section 1 – Drug/alcohol use		
Lower risk Score 0-4	Medium risk Score 5-6	Higher risk Score 7+
Section 2 – Social situation/behaviour		
Lower risk Score 0-1	Medium risk Score 2-5	Higher risk Score 6+
Section 3 – General/psychological health		
Lower risk Score 0-4	Medium risk Score 5-9	Higher risk Score 10+

Miscellaneous information

For internal use only

Date received:
Form completed by:
Date allocated:
Allocated to:
YP contacted date:

Barnsley YP Drug Use Screening Tool

