

PLATFORM



Young Person's Details

First Name(s) _____ Surname _____ Date of Birth _____
 Address _____ Post Code _____
 Telephone _____ Ethnicity _____ School Attended _____
 Is the young person registered with a GP? Yes No If Yes, provide name and contact details
 GP _____ Medical Practice _____
 Is the young person aware of the referral? Yes No If No, give reason _____
 Are Parent/Carers aware of referral? Yes No If No, give reason _____

CAF/Safeguarding/Risk Status

Has a CAF been completed for this young person? Yes No
 If Yes, who is the Lead Professional _____ Agency _____
 Is the young person/family involved with the Safeguarding team? Yes No
 If Yes, who is the allocated Social Worker? _____ Phone No. _____
 Have you identified any Hidden Harm issues? Yes No Details _____
 Have any risks been identified to the individual or others? Yes No
(If YES, please provide a copy of your agencies risk assessment along with this referral form)

Referrer Contact Details

Name _____ Agency _____ Date _____
 Address _____ Postcode _____
 Telephone _____ Mobile _____ Email _____

Platform office use only
ID No.

Middlesbrough Alcohol and Drug Initial Assessment Tool

15 & UNDER

Please tick all relevant boxes and then refer to the intervention indicated. Where green and amber have been highlighted only, a brief intervention session/s must be given to a young person in relation to the substance/s highlighted. If red is highlighted at any time, an immediate referral to Platform is required, this process should be explained to the young person. If you have any queries or need support deciding the level of intervention/referral, please contact **Platform (DISC) on 01642 246241.**

Substance	Age of first use	Frequency			Circumstances of use				Effects after use				
		In the last month	Weekly	Daily	A few friends use	Most friends use	Use alone	Injecting	Lethargy or irritability	Regular aggression	Memory loss	Paranoid ideas or abnormal thoughts	Loss of consciousness
Cigarettes													
Alcohol													
Legal Highs													
Cannabis													
Ecstasy													
Mushrooms / LSD													
Solvents													
Amphetamines													
Cocaine													
Crack													
Prescription drugs (Ritalin, Tramadol etc)													
Benzodiazepines													
Heroin													
Subutex													
Steroids													
Other	Please give substance name _____ and consult with Platform DISC												



Adapted with kind permission from Greater Manchester Substance Misuse Initial Assessment Tools

- Provide young person with appropriate information in relation to substance(s) highlighted within the green grid.
- Brief Intervention, giving targeted Drugs Education in relation to substance(s) highlighted within the amber grid.**
This may take more than one session. If during these sessions you have any queries in relation to any substances in the amber grid please contact Platform(DISC), if however it becomes apparent that substances are mentioned that are highlighted in the red grid complete the referral process and fax direct to Platform(01642 244763).
- Any substances highlighted within the RED grid, provide young person with information, immediately complete referral process and send to Platform (DISC) who will provide a comprehensive assessment and a structured care plan to support the young person.**