



INITIAL ASSESSMENT

Client Name: _____

Date of Assessment: ___ / ___ / _____

Assessed by: _____

Notes:

<u>Office Use Only</u>
Application: Approved / Disapproved
Detail _____

Estimated Date of Admission: ___ / ___ / _____
Details: _____

PERSONAL INFORMATION

Full Name: _____

D.O.B: __ __ / __ __ / __ __ __ __

Age: _____

Contact Details: (m) _____ (h) _____

Current Address: _____

Marital Status:

Single Married De Facto Separated Divorced Casual

Other - *Specify*: _____

Duration of Relationship: _____ months / years

If the applicant is not married but currently in a relationship, are they prepared to put the relationship on hold whilst they participate in the program? YES / NO

No. of Children: _____

Details: _____

REFERRAL INFORMATION

How did the Applicant find out about the Transformations Program: *(Please tick)*

Detox Facility Case Worker Hospital Church

Mental Health Friend Family Internet Media

Other - *(Please Specify)*: _____

ELIGIBILITY ASSESSMENT

No	Basic Requirements	Yes	No
1	Has the Applicant detoxed from illicit/licit drugs and alcohol for a minimum of 7 days prior to entry into program?	Y	N
2	Has the Applicant identified the problem that caused his/her life to become un-manageable?	Y	N
3	Has the Applicant expressed a desire and is motivated to stop using and change their lifestyle?	Y	N
4	Is the Applicant 18 years of age or older. (Applications from clients aged 16 to 18 years will be assessed on a range of issues including; guardianship; applicant maturity and current composition of Residents).	Y	N
5	Has the Applicant has ever been diagnosed with any mental health issues?	Y	N
6	Is the Applicant able and prepared to pay in advance the Program Fee & Bond prior to entering the Program? A \$500 Bond up front will be returned to you when you Graduate: (\$250.00 can be paid off through your program) Youth Allowance: \$430 + \$50 Key Deposit = \$480 Newstart: \$480 + \$50 Key Deposit = \$530 Disability Support Pension (DSP) \$650 + \$50 Key Deposit = \$700	Y	N
7	Is the Applicant eligible for Centrelink payments?	Y	N
8	Does the Applicant have any major outstanding loans or debts that may affect their ability to pay the Fortnightly Program Fee?	Y	N
9	Is the Applicant currently working?	Y	N
10	Does the Applicant agree to comply with Transformations Program Rules and requirements?	Y	N
11	Is the Applicant in good physical health and able to fulfil the Work component of the Program?	Y	N
12	<i>Explain to applicant that this is a holistic, faith based, Christian Program.</i> Is the Applicant accepting and willing to participate in the Spiritual Component of the Program?	Y	N
13	Can the Applicant read and write?	Y	N

SUBSTANCE ABUSE HISTORY

Substance	When Last Used	Days Used in last 7Days	Days Used in last 4Weeks	Amount Used Daily	Years of Daily Use	Age First Used
Tobacco						
Alcohol						
Cannabis						
Amphetamines						
Opiates						
Cocaine						
Ecstasy						
LSD						
Benzodiazepines						
Solvents						
Ice						
Other (<i>list</i>)						

REHABILITATION & INTERVENTION HISTORY

Has the applicant ever participated in a Rehabilitation or Intervention Program before? YES / NO

If YES, please provide details:

Type of Program	When	Where	How Long
Residential Rehab			
Out client Program			
Detox			
Pharmacotherapy <i>e.g. Methadone, Buprenorphine, Naltrexone</i>			
Needle Exchange			
Counselling			
12 Step (<i>e.g. A.A, N.A</i>)			

LEGAL HISTORY

Does the applicant have a criminal history? YES /NO

If YES, please provide details:

Charge/ Offence	Date of Offence	Conviction	Penalty <i>(i.e. Sentence, Probation, Community Hrs etc.)</i>

Does the applicant have any Pending Charges that are currently being dealt with?

YES / NO If YES please provide details:

Charge	Date of Offence	Pending Action <i>(i.e. Court dates & type of hearing etc.)</i>

Is the Applicant currently on a Court Order or Parole? YES / NO

If YES, please provide:

Type of Order: _____

Conditions: _____

MEDICAL HISTORY

Summary	YES	NO	Details
Have you ever been diagnosed with any mental health issues or illnesses? (including depression & anxiety disorders)	Y	N	
Have you been diagnosed with any life threatening illnesses?	Y	N	
Do you have any scheduled surgeries or need any operations in the next 12 months?	Y	N	When: Why:
Do you have any chronic medical problems or illnesses that could hinder your participation in any activity of the programme?	Y	N	

Does the Applicant suffer from any of the following medical problems? YES / NO

If YES, please provide details:

(please select relevant medical problem and provide details)

Medical Problem	Treatment Plan	Other Details
Head Injuries		
Cardiac Problems		
Chronic Pain		
Skeletal Injuries		
Pregnancy		
Other		

List details of any other relevant Medical issues? *(e.g. details for hospital admission etc.)*

MEDICATION DETAILS

Has the applicant recently or previously been prescribed any medication?

YES / NO If YES please provide details:

Medication	Prescribed Dose	Currently Taking	Duration of Treatment	Reason	Prescribed By
		Yes / No			
		Yes / No			
		Yes / No			
		Yes / No			
		Yes / No			
		Yes / No			
		Yes / No			

Details: _____

ADDITIONAL INFORMATION

Does the Applicant have any additional information that may affect their Assessment?

