

VICTORIAN ALCOHOL AND DRUG  
TREATMENT SERVICES

—

**SPECIALIST ASSESSMENT FORM**  
(FOR GENERAL CLIENT POPULATION)

*Available from the Internet site: <http://www.dhs.vic.gov.au/phd/>*

This document has been prepared by  
Turning Point Alcohol and Drug Centre Inc.  
for  
the Drugs and Health Protection Services Branch,  
Department of Human Services

2000

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## SECTION 1

# INSTRUCTIONS for the use of SPECIALIST ASSESSMENT FORM

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# INSTRUCTIONS

## for the use of

# SPECIALIST ASSESSMENT FORM

(Also available from internet site: <http://www.dhs.vic.gov.au/phd/>)

## Structure And Administration of the Specialist Assessment Form

### Purpose of Form

The comprehensive Specialist Assessment Form for Victorian Alcohol and Drug (A&D) Services was developed by Turning Point Alcohol and Drug Centre for the Drugs and Health Protection Services Branch of the Public Health Division, Department of Human Services (DHS). The purpose of the form is to assist A&D clinicians to develop a thorough understanding of the client's needs to formulate an Individual Treatment Plan (ITP) for the client.

The use of an assessment tool is mandated as a standard stipulated in the Service Agreements between DHS and funded drug treatment services. This Specialist Assessment Form provides agencies with a common tool for client assessment. However, where a treatment agency chooses to use an agency specific assessment tool, they must have successfully demonstrated, through direct arrangements with DHS, that their assessment tool is of an equivalent quality to the Specialist Assessment Form.

### Interface between Specialist A&D Assessment and Administrative Processes

This Form is designed primarily as an assessment tool to be used by Alcohol and Drug treatment clinicians. It is not an information collection instrument for any administrative or service monitoring purposes such as client registration or data entry into the ADIS/SWITCH information systems.

It is acknowledged that this form may not be appropriate for use with non-drug using clients (e.g. family, carers), or for the purpose of telephone assessment. It is recommended that existing data collection and recording methods be maintained in these situations. These and other modules may be developed to add to, or use as an alternative to this assessment form.

Agencies must develop clear processes and/or protocols for client registration, data collection and specialist assessment. Arrangements will need to be made to facilitate the interface of these processes so that clients will not be subject to repeated information collection activities.

It is worthwhile noting that the Drugs and Health Protection Services Branch is working closely with the Primary Care Partnerships Strategy to avoid duplication of assessment tools and processes.

### Youth Assessment and Intervention Tool

For clients under 18 years of age, the *Youth Assessment and Intervention Tool* may be used as an alternative to the *Specialist Assessment Form*. The youth tool was developed to take account of the special and differing needs of young people with substance use issues. The decision as to which tool to utilise will be based upon a judgement regarding appropriateness by the assessing clinician.

## DHS Information Privacy Principles

It is important to safeguard the privacy and confidentiality of all information obtained through the use of the *Specialist Assessment Form*. Privacy principles have been developed by the DHS. It is recommended that clinicians familiarise themselves with this document (*Information Privacy Principles, DHS 1998*). For further information on privacy principles and on safeguarding the confidentiality of client data it is recommended you contact the A&D coordinator at the DHS office in your region.

## Content

The content of the *Specialist Assessment Form* is based on a number of underlying themes identified through extensive consultation with the A&D field and through reference to the most relevant up-to-date literature. The form is comprehensive yet flexible, allowing workers to collect information at varying levels of detail and intensity in order to address the specific needs of the individual client and presenting problem.

## Structure of Form

The modular structure of the form reflects the ongoing nature of assessment and acknowledges the varying needs of A&D workers from different services across various service types. Thus a modular approach aims to facilitate the gathering of relevant information in a flexible fashion that will ultimately lead to the development of an appropriate client treatment plan.

It is anticipated that some specialised A&D services may need to continue to use a specific module, developed by them, as an adjunct to this assessment tool (e.g. Medical History/Clinical Examination for clients of the Chemical Dependency Unit at the Royal Women's Hospital).

The form comprises two modules relevant to the assessment of clients who present at services with A&D issues. The two modules are:

<b>Module 1:</b>	<i>Intake Assessment and Case Summary</i>
<b>Module 2:</b>	
<b>2.1:</b>	<i>Details of Substance Use</i>
<b>2.2:</b>	<i>Psychosocial History</i>
<b>2.3:</b>	<i>Legal History</i>
<b>2.4:</b>	<i>Medical History</i>
<b>2.5:</b>	<i>Clinical Examination (to be completed by medical officer)</i>
<b>2.6:</b>	<i>Psychiatric History</i>

Given there exists a number of service-specific differences, clinicians are encouraged to exercise discretion in deciding how best to utilise the form. However, it is anticipated that **Module 1 will be completed by all service types at the time of first assessment.**

The various components that make up **Module 2** are to be completed in any order and in any depth at a time and pace appropriate to meet both client and clinician needs. In other words, *there is no obligation to administer the total form at one sitting*, the manner in which it is completed being dependent on clinical judgement.

The completion of these Modules will inform the development of the individual treatment plan to achieve treatment goals.

The use of prompts in the various Modules will accommodate the needs of both inexperienced clinicians who may require prompts, and the more experienced A&D workers who find a structured approach to assessment too rigid and quite restrictive.

It is important to recognise that this assessment form is NOT a questionnaire to be administered. It is also not designed to be a substitute for adequate training and supervision of less experienced staff, but as an adjunct to these processes.

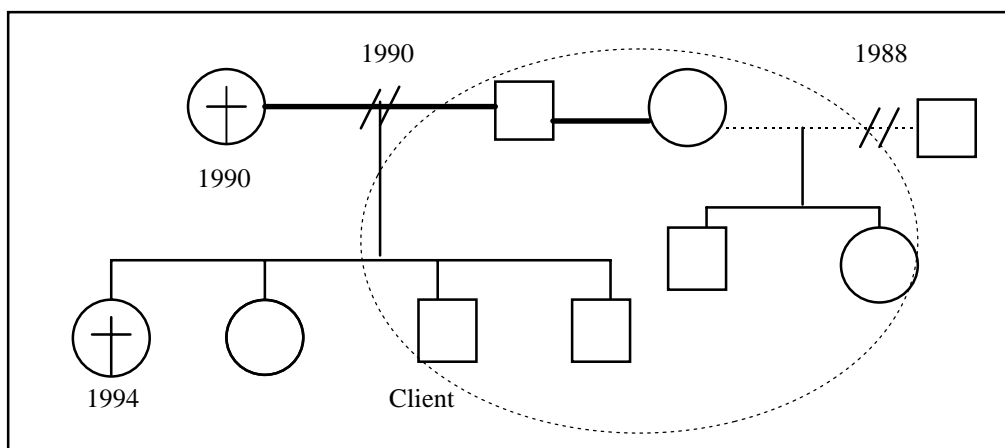
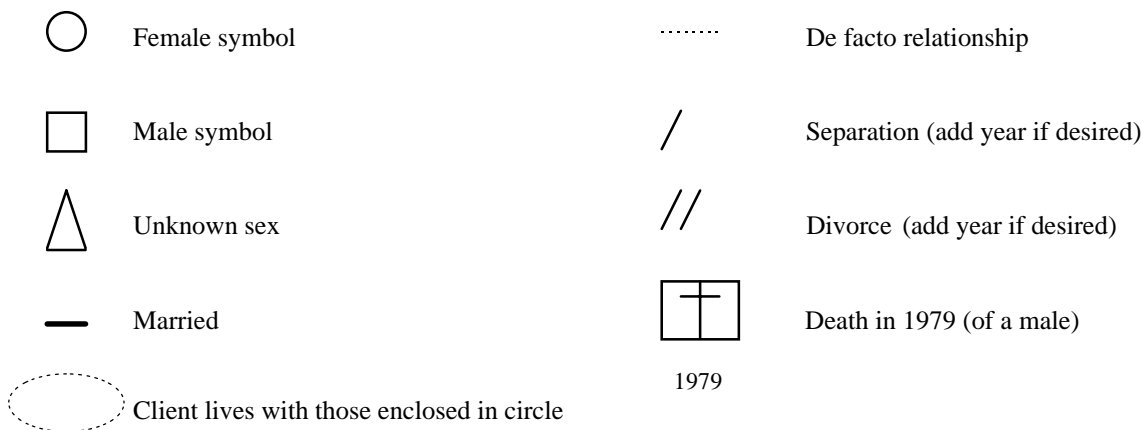
It is recommended that each Module be signed and dated on completion.

Finally, it should be emphasised that while having undergone a rigorous process of consultation with the field, including trialing by a number of services, the attached form will continue to evolve over time with feedback from the field.

### Sample Genogram

A genogram identifies the family relationships in a person's life through graphic representation. It is useful to include all members of the person's immediate family, and extended family members, such as grandparents, where they are perceived as important by the person.

An example of a family genogram is provided below.



### Explanations Regarding Appendices

Four appendices are provided with the *Specialist Assessment Form*. (1) *A Release of Information Authority*, (2) details for carrying out a *Cognitive Status Examination (CSE)*, (3)

information on blood-borne virus risk behaviour and testing, and (4) information to assist A&D workers with determining a rating for *Global Assessment of Functioning (GAF)*.

### **Appendix 1 - Release of Information Authority**

Where it is necessary to release client information, ie, to a treating doctor or to a referral source, client consent must be obtained. A sample form is provided to assist in this process.

### **Appendix 2 - Cognitive Status Examination (CSE)**

The CSE was developed by Dr. Simon Crowe for the Commonwealth Rehabilitation Service with a view to identifying those individuals with a 'high likelihood of acquired brain impairment'. Hence, if the worker suspects cognitive difficulties at assessment - either through observation or self-report - they may consider administering the CSE to determine whether neuropsychological assessment is warranted. The CSE comprises two tasks: The Cognitive Difficulties Scale (CDS) and the Letter Symbol Task. On completion of this screen, a client score is obtained suggesting the presence or absence of cognitive difficulties.

Results from a pilot of the CSE (Stringer & Brealey, 1999) indicated that the A&D workers found it relatively easy to administer and assisted with detection of cognitive impairment.

Specifically, key findings regarding administration of the screen related to:

- the sensitivity of the form; that is, clients with a mental illness are likely to screen positively; and,
- the effect on screen results of withdrawal symptomatology.

Moreover, it was noted that the likelihood of inappropriate referral for neuropsychological assessment could be minimised if workers asked questions to elicit information to support the existence of an ABI. History taking, for example, may include the following:

- an identified brain injury- e.g., following a motor vehicle accident, fall, sports injury, industrial accident;
- a history of alcohol or other drug abuse;
- a history of neurological disorder- e.g., stroke, meningitis, brain tumour, epilepsy;
- a history of exposure to toxic chemicals- e.g., paint solvents;
- a history of possible secondary brain injury- e.g., as a result of interruption of oxygen supply to the brain or severe blood loss;

Alternatively, there may be no reported previous brain injury, but the person's behaviour is suggestive of some degree of cognitive impairment (e.g., memory problems, difficulty following a series of instructions, problems with planning and organisation).

To minimise the impact of pharmacological treatment on screen results, decisions regarding the delay of screen administration until a client had been an in-patient for at least five days were made. A&D workers reported clients to be more confident in their approach to the screen when administered later rather than earlier in the treatment process.

### **Appendix 3 - Blood-Borne Risk Behaviour and Testing**

This information from DHS is designed to assist workers to determine what constitutes high risk behaviour for exposure to blood-borne viruses and what the testing options are for clients. The information includes a list of metropolitan and rural public testing sites.

The information can be downloaded from the internet sites below:

“Being Tested for HIV/AIDS”:

<http://www.dhs.vic.gov.au/phd/hprot/stds/stdbbv/btfha.html>

“Where Can I Get Further Information or Help”:

<http://www.dhs.vic.gov.au/phd/hprot/stds/stdbbv/help.html>

#### **Appendix 4 - Global Assessment of Functioning (GAF)**

This describes GAF ratings which range from ‘00’ (if score is not available) to ‘99’. The GAF scale is used for the clinician’s judgement of the individual’s overall level of functioning. This information may be useful in planning treatment and measuring its impact, and in predicting outcome. Only psychological, social, and occupational functioning is to be rated. **Do not include impairment in functioning due to physical (or environmental) limitation.** Ratings should be for the current period to reflect the need for treatment or care.

## **References**

- Department of Human Services, D.T.S.U. (1998). *Alcohol and Drug Information System User's Manual*. Melbourne: Department of Human Services.
- Department of Human Services. (1998). *Information Privacy Principles*. Melbourne: Victorian Government Department of Human Services.
- Stringer, K., & Brealey, L. (1999). *ABI/A&D Better Practice Project. Phase Two: Demonstration Projects*. Melbourne: ARBIAS & Turning Point Alcohol and Drug Centre, Inc.

SECTION 2

**SPECIALIST ASSESSMENT FORM**  
for  
**ALCOHOL AND DRUG TREATMENT SERVICES**

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	Module 2.6: Psychiatric History .....	p.
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# Victorian Alcohol & Drug Services SPECIALIST ASSESSMENT FORM

- *This form is designed to assess the alcohol and/or drug user*
- *An on-line version of this form is available from: <http://www.dhs.vic.gov.au/phd/>*
- *Please note YOU MUST COMPLETE: Module 1 - 'Intake Assessment and Case Summary' at first contact with the client. Other modules may be completed at a time and pace as appropriate, but should be completed prior to the development of the Individual Treatment Plan.*
- *Date and sign all modules/entries*
- *Refer to the accompanying Instruction Sheet to assist with administration.*
- *If the client is under 18 years of age, you might prefer to use the Youth Assessment and Intervention Tool*

	Completed <i>(tick as appropriate)</i>
1. <b>MODULE 1:</b> Intake Assessment, Case Summary and Formulation	<input type="checkbox"/>
2. <b>MODULE 2.1:</b> Details of Substance Use	<input type="checkbox"/>
<b>MODULE 2.2:</b> Psychosocial History	<input type="checkbox"/>
<b>MODULE 2.3:</b> Legal History	<input type="checkbox"/>
<b>MODULE 2.4:</b> Medical History	<input type="checkbox"/>
<b>MODULE 2.5:</b> Clinical Examination <i>(to be completed by medical/nursing staff only)</i>	<input type="checkbox"/>
<b>MODULE 2.6:</b> Psychiatric History	<input type="checkbox"/>
• <b>Release of Information Form signed</b> <i>(if appropriate - see Appendix 1)</i>	<input type="checkbox"/>
• <b>If re-presenting within six months, has there been significant bio-psycho-social change?</b> <input type="checkbox"/> <i>yes</i> <input type="checkbox"/> <i>no</i> <i>(if yes, please complete appropriate modules)</i>	
For re-presenting clients, clinicians should consider revising and updating the assessment record using appropriate modules.	

**Client Name :** \_\_\_\_\_

**Agency Assigned Client I.D.** |\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

# Module 1

## INTAKE ASSESSMENT AND CASE SUMMARY

**Client Particulars**

Client Name : \_\_\_\_\_ Gender: Male / Female /

Other \_\_\_\_\_

D.O.B. : | | | . | | | . | | | | Agency I.D. No. | | | | | | | |  
                  dd                   mm                   yy

Address : \_\_\_\_\_

Suburb : \_\_\_\_\_ Post Code | | | | | | | |

Telephone : (B/H) \_\_\_\_\_ (A/H) \_\_\_\_\_

**Cultural affiliation/Koori?** \_\_\_\_\_**Interpreter Required?** Yes / No      **Language** \_\_\_\_\_**Referring Agency / Practitioner :** \_\_\_\_\_

Address : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail : \_\_\_\_\_

Referral Letter Accompanying Client? Yes / No      Previous Telephone Contact ? Yes / No

Referral Question (as stated by referral agency) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other current relevant services and professional supports, including Case Managers**

Name of worker & Position	Organisation/Address	Phone/FAX	Comment

**Emergency Contact**

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Telephone : (B/H) \_\_\_\_\_ (A/H) \_\_\_\_\_

**(i) Client's reason for presentation (including client goal(s)):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Module 1 cont ...

(ii) Indicators of intoxication / withdrawal (please tick applicable symptoms)

B.A.C.	_ _ _  .  _ _ _ _  %	<input type="checkbox"/>	Not Applicable
<input type="checkbox"/>	Ataxia	<input type="checkbox"/>	Slurred Speech
<input type="checkbox"/>	Pinpoint Pupils	<input type="checkbox"/>	Dilated Pupils
<input type="checkbox"/>	Perspiration	<input type="checkbox"/>	Nausea/Vomiting
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Disorientation
<input type="checkbox"/>	Agitation	<input type="checkbox"/>	Hallucinations
<input type="checkbox"/>	Other (please specify _____ )	<input type="checkbox"/>	Headache
<input type="checkbox"/>		<input type="checkbox"/>	Rapid speech
		<input type="checkbox"/>	Sedation (Nodding Off)
		<input type="checkbox"/>	Facial Flushing
		<input type="checkbox"/>	Tremor

**Agitation (psychomotor agitation):** excessive motor activity associated with a feeling of inner tension. The activity is usually non-productive and repetitious and consists of such behaviour as pacing, fidgeting, wringing of the hands, pulling of clothes, and inability to sit still.

**Ataxia:** the shaky movements and unsteady gait that result from the brain's failure to regulate the body's posture and the strength and direction of limb movements.

**Disorientation:** confusion about the time of day, date, or season (time), where one is (place), or who one is (person).

**Sedation:** the production of a restful state of mind, particularly by the use of drugs.

- Does the client appear to be intoxicated or withdrawing from a particular substance? Yes / No
- What substance(s) does the client appear to be intoxicated with / withdrawing from?

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(iii) Drug Related Risk Taking Behaviours (past and current - circle appropriate responses)

	<b>Behaviour Present</b>	<b>Relevant Information Provided</b>
• Overdose	Yes / No	Yes / No
• Shared Injecting Equipment	Yes / No	Yes / No
• Use Alone	Yes / No	Yes / No
• Poor Injecting Technique	Yes / No	Yes / No
• Blackouts	Yes / No	Yes / No
• Violence/Assault	Yes / No	Yes / No
• Unsafe Sex	Yes / No	Yes / No
• Polydrug Use	Yes / No	Yes / No
• Drives Whilst Intoxicated	Yes / No	Yes / No
• Suicide/self-harm	Yes / No	Yes / No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name :** \_\_\_\_\_ **Position :** \_\_\_\_\_

Module 1 cont ...

## CASE SUMMARY

(i) **Comprehensive summary of client, covering essential details** (eg. general presenting problem, relevant A&D - including drug/s of choice, medical and psychosocial history, formulation - including provisional/differential diagnoses, client's motivation<sup>1</sup>, barriers to treatment<sup>2</sup>, stressors<sup>3</sup> and treatment goals)

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(ii) **Main issues identified by worker** (to assist with formulation of Individual Treatment Plan)

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(iii) **Summary management plan**

<i>Program Type</i>	<i>Own Agency</i>	<i>External Referral</i>
<b>• Withdrawal Program</b>		
Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
Residential	<input type="checkbox"/>	<input type="checkbox"/>
Community Withdrawal (Home based)	<input type="checkbox"/>	<input type="checkbox"/>
Rural	<input type="checkbox"/>	<input type="checkbox"/>
<b>• Methadone Program</b>		
Community Methadone	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Methadone	<input type="checkbox"/>	<input type="checkbox"/>
<b>• Counselling &amp; Support</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>• Specialist's Appointment</b> (including Neuropsychological/Psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>
<b>• Further Assessment</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>• Residential Rehabilitation</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>• Are family &amp;/or significant others to be involved in client's treatment?</b> Yes / No		
Contact name _____ Telephone _____		

(iv) **Actions to be taken** \_\_\_\_\_

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**Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Name :** \_\_\_\_\_ **Position :** \_\_\_\_\_

Module 1 cont ...

<sup>1</sup> eg. Why do you want to get into this program? / What would you like to happen now? / Personal strengths

<sup>2</sup> eg. literacy, NESB, guardianship issues, significant hearing or sight loss, religious requirements

<sup>3</sup> eg. death of significant other / miscarriage / loss of job / midlife crisis

(v) **External/Internal referral details** (eg. other A&D service at own agency, other A & D agency, GP, psychiatric service, pharmacy, welfare service, hospital, Community Health Centre, protective services, Office of Corrections, financial counselling, relationship counselling)

1. Agency: \_\_\_\_\_  
Contact worker: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
\_\_\_\_\_  
Appointment Time / Date: \_\_\_\_\_  
Referral Letter Sent: Yes / No (please circle)

2. Agency: \_\_\_\_\_  
Contact worker: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
Appointment Time / Date: \_\_\_\_\_  
Referral Letter Sent: Yes / No (please circle)

3. Agency: \_\_\_\_\_  
Contact worker: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
Appointment Time / Date: \_\_\_\_\_  
Referral Letter Sent: Yes / No (please circle)

**Any other relevant issues?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Name :** \_\_\_\_\_ **Position :** \_\_\_\_\_

## Module 2

### 2.1: DETAILS OF SUBSTANCE USE

(i) **Alcohol & Drug Use History** (Tobacco / Alcohol / Cannabis / Amphetamines / Opiates / Cocaine / Ecstasy / LSD / Hallucinogens / Benzodiazepines / Solvents) (Petrol/Glue/Pains) / Other non-prescribed drugs)

*All Drugs Used*

SUBSTANCE										
Age of first use?										
Age of first regular use?										
Route of use?										
Age first injected?										
Average daily use? (grams) (no. of injections) (dollars spent)										
Days used in past 7 days?										
Days used in past 4 weeks?										
When last used?										
Over what period of time has been using daily?										



**Module 2.1 cont....**

**(iv) Current Prescribed and other Medication** (*Including methadone, psychotropic medication, over-the-counter drugs, complementary medicines eg. herbs, vitamins, 'alternative' treatments*)

<b>Medication</b>	<b>Prescribed Dose</b>	<b>Taking Medication as prescribed? (Y/N)</b> <i>If no, reason?</i>	<b>Duration of Treatment</b>	<b>Reason for Prescription</b>	<b>Prescribing Doctor / Health Practitioner</b>

*(Remember to ask client for signed consent for release of information - see Appendix 1)*

**(v) Past History of Prescribed Medication & Reason Prescribed** (*include all medications*)

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**Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Name :** \_\_\_\_\_ **Position :** \_\_\_\_\_

**2.2: PSYCHOSOCIAL HISTORY**

**(i) Family Tree/Genogram** *(including family history of alcohol and drug problems - see Instruction Sheet for example of a Family Tree)*

**(ii) Family Relationships / Children** *(Include past relationships, nature of relationships; child care responsibilities - Does client require child care when attending A&D services? Child Protective Services involvement/other dependents. Impact of substance use.)*

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**(iii) Accommodation** *(eg. safe, stable, supportive, crisis accommodation, homeless/at risk of homelessness, substance use in household, impact of substance use)*

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**(iv) Family of Origin** *(relationships / roles, include cultural/ethno-specific issues)*

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## Module 2.2 cont ...

- (v) **Family and Significant Other Involvement** (*Are there significant others that the client would like involved in their treatment? Please specify name, relationship to client, and in what way would they like them to be involved?*)

<i>Name of Significant Other</i>	<i>Relationship to Client</i>	<i>In what way would the client like them to be involved?</i>
1.		
2.		
3.		
4.		

**Peer Networks**


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- (vi) **Finances / Employment** (*eg. source of income, employment history, impact of substance use*)

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- (vii) **Education/Training** (*eg. highest level of education achieved, literacy skills, ESL?*)

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- (viii) **Recreational Interests** (*eg. past & present / hobbies / sports / gym / music / reading / fishing / motorbikes / clubs / teams / nightclubs / gambling - impact of substance use*)

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**Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Name :** \_\_\_\_\_ **Position :** \_\_\_\_\_

**2.3: LEGAL HISTORY**

**(i) Criminal Record - include**

- **Charges Pending** - Include bail conditions
- **Current Offences** - Circumstances / Attitude to offence / Consequences
- **Legal History** - Nature of offence and outcome, past imprisonment

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**(ii) Other jurisdictions - Family court, Children's court, Conditions of orders**

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**(iii) History of Violence/Present Risk to Others** (includes Assault / Domestic violence / Threats to kill / Sexual offences / Offences against other persons, especially children / Persons at risk - children, spouse, others/Driving under the influence)

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**(iv) Current risk to client from others** (Threats from others/assault by others)

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**Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Name :** \_\_\_\_\_ **Position :** \_\_\_\_\_







## 2.6: PSYCHIATRIC HISTORY

*(Remember to obtain signed consent for release of information if necessary- see Appendix 1)*

- (i) Previous psychiatric history \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (ii) General presentation \_\_\_\_\_  
 \_\_\_\_\_
- (iii) Abnormal thought processes (eg. confusion, disorientation) \_\_\_\_\_  
 \_\_\_\_\_
- (iv) Style of relating (eg. evidence of attention problems, level of engagement) \_\_\_\_\_  
 \_\_\_\_\_
- (v) Coherence / Level of awareness \_\_\_\_\_  
 \_\_\_\_\_
- (vi) Mood \_\_\_\_\_
- (vii) Impact of substance use on mental state \_\_\_\_\_  
 \_\_\_\_\_

**(viii) Suicide / Self-harm risk assessment** *(Tick applicable items)*

- Sense of hopelessness/worthlessness? \_\_\_\_\_
- Ideation (Do you ever think about killing/harming yourself?)\* \_\_\_\_\_
- Intent (Do you want to kill/harm yourself?) \_\_\_\_\_
- Plan (How would you do it?) \_\_\_\_\_
- Lethality (Is the method likely to be lethal?) \_\_\_\_\_
- Accessibility? \_\_\_\_\_
- Previous attempts? \_\_\_\_\_
- Suicide/attempted suicide of significant other? \_\_\_\_\_

*(\*if evidence of suicidal ideation, include it in the case summary - Module 1)*

- (ix) Is a full psychiatric assessment required?                      Yes / No
- If Yes, Action taken (eg. referral to CAT team/other)* \_\_\_\_\_  
 \_\_\_\_\_

*If Yes, "Current Mental State" (below) is to be completed by a psychiatrist, psychologist or other appropriately qualified clinician.*

**Comments -** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Module 2.6 cont....

(x) Current Mental State

NOTE - Current Mental State is to be completed by a psychiatrist, psychologist or other qualified individual with psychiatric training.

- Appearance (eg. physical presentation, conscious state) \_\_\_\_\_  
\_\_\_\_\_
- Behaviour ( eg. psychomotor activity, mannerisms, social appropriateness) \_\_\_\_\_  
\_\_\_\_\_
- Conversation (eg. form / coherence, flow, content / themes) \_\_\_\_\_  
\_\_\_\_\_
- Thought Disorder (eg. delusions) \_\_\_\_\_  
\_\_\_\_\_
- Perceptual Disorder (eg. hallucinations / illusions) \_\_\_\_\_  
\_\_\_\_\_
- Mood \_\_\_\_\_  
\_\_\_\_\_
- Intellectual Functioning (memory, attention, orientation, insight) \_\_\_\_\_  
\_\_\_\_\_

Note: if client demonstrates objective/subjective intellectual difficulties, & is at least five days post-detox and is not currently drug-affected, you may consider administering the cognitive status examination (CSE) to determine if further cognitive assessment may be warranted (see Appendix 2).

Comments - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Currently Receiving treatment? Yes / No Name & Contact No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>This Mental State Examination was completed by:</b>	
Signature : _____	Date : _____
Name : _____	Position : _____

Signature : \_\_\_\_\_ Date : \_\_\_\_\_  
Name : \_\_\_\_\_ Position : \_\_\_\_\_

## SECTION 3

# APPENDICES

<b>APPENDIX 1</b>	<b>- Release of Information Authority</b>	<b>p. 22</b>
<b>APPENDIX 2</b>	<b>- Cognitive Status Examination (CSE).</b>	<b>p. 23</b>
<b>APPENDIX 3</b>	<b>- Blood-Borne Risk Behaviour and Testing</b>	<b>p. 28</b>
<b>APPENDIX 4</b>	<b>- Global Assessment of Functioning (GAF).</b>	<b>p. 34</b>

## APPENDIX 1

# RELEASE OF INFORMATION AUTHORITY

I, the undersigned, give permission for particulars and information, which I understand to be confidential, to be extracted and divulged from my case notes for the purpose of:

*(Please circle one or more)*

1. Communicating with my treating doctors / referral source/other care worker

2. Other - (specify)

---

---

---

---

---

I understand that this authority will remain valid for the duration of my treatment episode at:

(Agency and Program)

---

---

or until revoked by me verbally or in writing.

**Signed by:**

**Client:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Position:** \_\_\_\_\_

## APPENDIX 2

# THE COGNITIVE STATUS EXAMINATION

The cognitive status examination (CSE) was developed by Dr. Simon Crowe for the Commonwealth Rehabilitation Service with a view to identifying those individuals with a 'high likelihood of acquired brain impairment'. Hence, if the worker suspects cognitive difficulties at assessment, either through observation or self-report, they may consider administering the CSE to determine whether neuropsychological assessment may be warranted. The CSE comprises two tasks: The Cognitive Difficulties Scale (CDS) and the Letter Symbol Task. On completion of this screen, a client score is obtained suggesting the presence or absence of cognitive difficulties. More detailed instructions follow.

### **Administration of the Cognitive Status Examination (CSE)**

The administration of the CSE is quite simple. The examiner asks the subject her name, date of birth, age, sex, and number of years of education. Not much of the information gathering here is contentious, but perhaps the one thing that does deserve some consideration is the level of education completed. This figure will be used later as an indicator of pre-morbid level of functioning and, as such, is important. The level completed is the final schooling year that has been successfully undertaken and passed. Discontinuations, dropping out and failure must not be counted and any further study than this is counted only as year 12 for the purpose of this instrument.

After this material is collected the subject is given the cognitive difficulties scale (CDS) and asked to:

*Please circle the number which represents the difficulties that you have observed over the last few weeks using the scale: never = 0; rarely = 1; sometimes = 2; often = 3; very often = 4.*

After the client has answered all the questions, the page is then turned and the subject told:

*"Please look at these boxes at the top of the page. Each one contains the letters from 'J' through to 'R'. Underneath each letter there is a symbol".*

*"Now look at the next line of boxes. you will notice that there are letters in the top half of the boxes but the bottom half is blank. For example, if you look at the first box it contains a 'J'. If we look at the key we see that 'J' is paired with a back slash. Now write the back slash in the box under 'J'. We see that the next letter is an 'L'. According to the key, the symbol that goes with 'L' is an open box. Now fill in the rest of the symbols associated with the letters going up to the double line".*

**Appendix 2 cont...**

If you feel that the client does not understand the instructions, repeat them until you are convinced that they understand exactly what the task is.

*“Now, when I say, I want you to fill in the symbols underneath each of the letters on each of the rows. Please work as quickly as you can. When you get to the end of a row please go on to the next row. Please do not skip any letters and if you make a mistake just write the correct symbol over the top of the error. Please keep filling in the symbols until I tell you to stop”.*

The client is to complete the symbols for exactly 90 seconds.

The score is tallied and written at the bottom of the page in the row marked ‘total raw score’

**Table 1: Conversion scores for the letter symbol task**

<b>Raw score:</b>	<b>Scaled score:</b>
0-5	0
6-13	1
14-19	2
20-25	3
26-31	4
32-37	5
38-41	6
42-45	7
46-48	8
49-52	9
53-56	10
57-59	11
60-64	12
65-68	13
69-72	14
73-77	15
78	16
79	17
80+	18

**Appendix 2 cont...**

**Scoring the Cognitive Status Examination**

The CSE requires five scores for the final analysis:

- 1) The years of education
- 2) The total score on the CDS out of a total of one hundred
- 3) The total number of symbols correctly recorded
- 4) The standard score of number of symbols taken from Table
- 5) The difference between the years of education and the standard score on the Letter Symbol Task (i.e. Years of Education - Standard Score)

It is recommended that only those clients who have a 'CDS' of 50 or more *and* a score of 3 or more on the Difference Score (education score minus scaled score) on the 'Letter Symbol Task' should be referred for subsequent follow up with the neuropsychologist.

Appendix 2 cont...

**COGNITIVE STATUS EXAMINATION: Developed by Dr. Simon F. Crowe**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX:      Male      Female

EDUCATION:                      Highest level successfully completed  
6      7      8      9      10      11      12      12+**COGNITIVE DIFFICULTIES SCALE**PLEASE CIRCLE THE NUMBER WHICH REPRESENTS DIFFICULTIES OBSERVED OVER THE LAST FEW  
WEEKS USING THE FOLLOWING SCALE:

NEVER = 0   RARELY = 1   SOMETIMES = 2   OFTEN = 3   VERY OFTEN = 4

- |     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 1.  | WHEN INTERRUPTED WHILE READING I HAVE<br>TROUBLE FINDING MY PLACE AGAIN    | 0 | 1 | 2 | 3 | 4 |
| 2.  | I NEED A WRITTEN LIST WHEN I DO ERRANDS                                    | 0 | 1 | 2 | 3 | 4 |
| 3.  | I FORGET APPOINTMENTS, DATES OR MEETINGS                                   | 0 | 1 | 2 | 3 | 4 |
| 4.  | I FORGET TO RETURN PHONE CALLS   | 0 | 1 | 2 | 3 | 4 |
| 5.  | I HAVE TROUBLE GETTING MY KEYS INTO A LOCK                                 | 0 | 1 | 2 | 3 | 4 |
| 6.  | I FORGET ERRANDS I PLANNED TO DO   | 0 | 1 | 2 | 3 | 4 |
| 7.  | I HAVE TROUBLE RECALLING NAMES OF PEOPLE I KNOW                            | 0 | 1 | 2 | 3 | 4 |
| 8.  | I FIND IT HARD TO KEEP MY MIND ON A TASK OR JOB                            | 0 | 1 | 2 | 3 | 4 |
| 9.  | I HAVE TROUBLE DESCRIBING A PROGRAMME I HAVE<br>JUST WATCHED ON TELEVISION | 0 | 1 | 2 | 3 | 4 |
| 10. | I HAVE TROUBLE EXPRESSING WHAT I MEAN TO SAY                               | 0 | 1 | 2 | 3 | 4 |
| 11. | I FAIL TO RECOGNISE PEOPLE I KNOW  | 0 | 1 | 2 | 3 | 4 |
| 12. | I HAVE TROUBLE GETTING OUT A WORD THAT'S ON<br>THE TIP OF MY TONGUE        | 0 | 1 | 2 | 3 | 4 |
| 13. | I FIND IT HARD TO UNDERSTAND WHAT I READ                                   | 0 | 1 | 2 | 3 | 4 |
| 14. | I FORGET NAMES OF PEOPLE SOON AFTER BEING INTRODUCED                       | 0 | 1 | 2 | 3 | 4 |
| 15. | I LOSE MY TRAIN OF THOUGHT WHEN I LISTEN<br>TO SOMEBODY ELSE               | 0 | 1 | 2 | 3 | 4 |
| 16. | I FORGET WHAT DAY OF THE WEEK IT IS  | 0 | 1 | 2 | 3 | 4 |
| 17. | I CANNOT KEEP MY MIND ON ONE THING   | 0 | 1 | 2 | 3 | 4 |
| 18. | I HAVE TROUBLE MANIPULATING BUTTONS OR ZIPS                                | 0 | 1 | 2 | 3 | 4 |
| 19. | I HAVE TROUBLE SEWING, MENDING, MAKING<br>MINOR HOUSEHOLD REPAIRS          | 0 | 1 | 2 | 3 | 4 |
| 20. | I HAVE TROUBLE FIXING MY MIND ON WHAT I AM READING                         | 0 | 1 | 2 | 3 | 4 |
| 21. | I FORGET RIGHT AWAY WHAT PEOPLE SAY TO ME                                  | 0 | 1 | 2 | 3 | 4 |
| 22. | I FORGET TO PAY BILLS, RECORD CHEQUES OR MAIL LETTERS                      | 0 | 1 | 2 | 3 | 4 |
| 23. | MY MIND JUST GOES BLANK AT TIMES   | 0 | 1 | 2 | 3 | 4 |
| 24. | I FORGET THE DATE OF THE MONTH   | 0 | 1 | 2 | 3 | 4 |
| 25. | I HAVE TROUBLE MANIPULATING TOOLS, SCISSORS,<br>CORKSCREWS OR CAN OPENERS  | 0 | 1 | 2 | 3 | 4 |

TOTAL \_\_\_\_\_

**LETTER SYMBOL TASK**

J	K	L	M	N	O	P	Q	R
\	+	□	┌	⊖	▭	^	×	//

J	L	K	J	L	O	K	M	J	O	K	J	O	J	K

M	O	J	K	N	O	L	M	J	K	O	R	M	L	Q

M	N	P	Q	J	L	P	M	Q	N	K	R	L	M	P

K	M	N	J	O	M	J	N	O	P	R	Q	L	O	M

R	N	Q	L	O	P	M	N	K	L	P	R	K	Q	J

O	R	P	K	L	O	M	R	J	P	K	N	O	Q	N

K	R	P	R	L	P	Q	N	J	R	K	J	M	L	O

- (a) EDUCATION \_\_\_\_\_
- (b) TOTAL RAW SCORE \_\_\_\_\_
- (c) SCALED SCORE \_\_\_\_\_
- DIFFERENCE (a-c) \_\_\_\_\_

## APPENDIX 3

### BLOOD-BORNE RISK BEHAVIOUR AND TESTING

“Being Tested for HIV/AIDS”: down loaded from:  
<http://www.dhs.vic.gov.au/phd/hprot/stds/stdbbv/btfha.html>

“Where Can I Get Further Information or Help”: down loaded from:  
<http://www.dhs.vic.gov.au/phd/hprot/stds/stdbbv/help.html>

### Sexually Transmissible Diseases & Blood Born Viruses

#### Being Tested for HIV/AIDS

##### Why be tested for AIDS?

AIDS is an infectious disease caused by a virus called the Human Immunodeficiency Virus (HIV). HIV is spread from person to person through unprotected sexual intercourse (anal or vaginal sex), and through sharing injecting equipment during injecting drug use. While having HIV infection is not the same as having AIDS, untreated HIV infection eventually leads to AIDS. On average, once a person is infected with HIV, it takes between seven and 11 years to develop AIDS.

Over the past few years, new treatments have become available that slow down the development of AIDS and reduce the chances of serious illnesses like pneumonia. It is likely that treatment for HIV will improve over the next few years.

Treatments are more likely to be effective if they are used early in the course of infection. The earlier you know you have HIV infection, the more likely treatment will delay serious illness and improve the quantity and quality of life.

Early knowledge of HIV infection is essential. Waiting until you get sick is leaving it too late. HIV itself is difficult to detect. However, within three months of infection, a test called the HIV antibody test can detect HIV antibodies in your blood.

##### Who should be tested for HIV?

It is likely HIV has been in Victoria since about 1980. Therefore, it is possible that anybody who has engaged in activities known to spread HIV since 1980 may be infected.

Although HIV can be caught from a single contact, the more frequently a person has engaged in these activities, and the greater the number of partners involved, the higher the chances of infection. Risk activities include:

- Unprotected anal sex between men (unprotected sex means intercourse without a condom). Men who have sex with men are presently at the greatest risk of HIV infection. Even partners in a sexually exclusive relationship between men may be infected if they were sexually active before the relationship was formed.
- Unprotected vaginal or anal sex between men and women.

- While HIV infection among heterosexuals who do not use drugs is still uncommon in Victoria, it is slowly increasing. People whose partners include current or former intravenous drug users or men who have sex with men are at increased risk. Again, partners in a sexually exclusive heterosexual relationship may be infected if the partners were sexually active before the relationship was formed.
- Sharing needles, syringes and other injecting equipment during injecting drug use.
- The virus spreads very easily through shared needles, and even casual or one-time users may have been exposed to HIV infection. It makes no difference which drug is being injected.
- Unprotected sex (particularly with male or female sex workers) in countries where HIV infection rates are very high. These include Thailand and the Philippines, many countries in Africa and the Caribbean, and parts of the United States such as New York and San Francisco.
- Having had a blood transfusion or receiving other blood products in Australia between 1980 and May 1985, or in other countries (particularly Africa).

### **How great is your risk?**

Every individual needs to make a decision about their chances of exposure to HIV over the past 15 years. Some people are needlessly anxious about HIV infection, while others are unwisely complacent when they should not be.

The basis for deciding whether to be tested should not be anxiety or complacency, but an honest assessment of your possible exposure to HIV. If you are in doubt, contact one of the centres listed at the end of this brochure and talk to someone who can advise you.

The factors that influence your risk include:

- The type of activities you have engaged in.
- How recently you have engaged in them.
- The likelihood that the people you have engaged in them with were themselves infected.
- The number of times you have engaged in these activities.

Therefore, the highest risk activities are:

- Unprotected anal sex between men.
- Sharing needles, syringes and other injecting equipment during injecting drug use.

Both these practices easily transmit HIV and there is a stronger chance that your partner will have been infected.

If you have done either of these activities since 1980, your risk is significant. This remains true even if you have made recent changes to your lifestyle to reduce your risk of exposure.

Unprotected sex between men and women is a much lower risk activity, because HIV infection so far between heterosexuals has been less common, though it is now slowly increasing.

The risk is still significant if:

- You have had multiple partners.

- Those partners included injecting drug users or men who have had sex with men.
- You have had sex in countries with high HIV infection levels.
- Other sexually transmissible diseases were present (such as herpes, non-specific urethra, chlamydia).

### **What are the benefits of testing and counselling?**

Having a HIV antibody test tells you whether or not you are infected by HIV. For those who are not infected, testing and counselling mean they can make changes to their sexual or drug-use practices to make sure they stay uninfected.

For those who are infected, testing and counselling give an opportunity to do a number of things to protect their health. They can:

- Have further tests to find out how far HIV infection has progressed.
- Begin treatment with antiviral drugs that slow the progress of infection and reduce the chances of developing AIDS.
- Begin treatments that will reduce the chances of developing pneumonia (the biggest killer of people with AIDS).
- Make changes to their lifestyle (diet, exercise, stress, smoking, drug use) that may improve their chances of resisting illness.
- Make informed decisions about relationships, pregnancy, career and other long-term plans.
- Ensure they do nothing that may pass HIV infection on to their sexual partners.

### **What are the risks of testing?**

Many people who are tested and discover they are infected by HIV experience shock, anger, distress and depression. Nobody should be tested for HIV without first talking to an experienced medical practitioner or counsellor and preparing for the possibility of a positive test. If the test is positive, ongoing counselling will be necessary.

Many people fear they will experience prejudice or discrimination if it becomes known that they are HIV infected, or even that they have been tested for HIV.

These are real possibilities, although Victorian law makes it illegal to discriminate against people who are known or alleged to be HIV infected. Test results must be kept strictly confidential, and the person being tested should be very careful how and when they tell other people about their test result.

### **How is a test performed?**

The HIV antibody test is a simple and painless blood test performed in a laboratory on a small sample of your blood. The sample can be taken by your doctor, or in a government or community clinic or health centre. The confidentiality of your test result, and even of the fact that you have been tested at all, is protected by law.

A small fee may be charged as there is no Medicare rebate for this service.

You should ensure your doctor has a full understanding of issues related to HIV/AIDS and HIV testing. If your doctor does not, or if you do not feel you wish to discuss aspects of your

lifestyle with your usual doctor, you can contact one of the agencies listed at the end of this brochure.

They can refer you to doctors who know about HIV/AIDS and who will understand your concerns.

Test results are usually available within 14 days. If the test detects no HIV antibodies, the person is said to be HIV-negative (sometimes the term antibody-negative is used). This almost certainly means they are not infected by HIV.

However, as sometimes the body takes several months to produce antibodies after infection occurs, a repeat test may be necessary, depending on how recently possible exposure to HIV took place.

If the test does detect the antibodies, the person is said to be HIV-positive (or antibody-positive). This means they are infected with HIV. It does not mean they have AIDS, or that they are in immediate danger of AIDS. Depending on how long they have been infected, and what they do in response to infection, an antibody positive person may enjoy many years of good health.

### **Why is testing recommended?**

Ultimately, testing for HIV is a decision each individual must make for themselves. However, all the medical and scientific research indicates that early knowledge of HIV infection is the best way of reducing the chances of developing AIDS, which is still a fatal and incurable disease. You should think carefully about these facts when you make your decision.

### **What is the cost of HIV antibody testing?**

Since 1 July 1994 a system of cost recovery has been in place for HIV testing in Victoria. People requesting an HIV antibody test may be charged a fee for having the test conducted if they fall outside the guidelines for free HIV antibody testing.

However, everyone can access free HIV antibody testing if they attend one of the public testing sites listed on the following page. They can attend the public sites with or without a referral, although they should contact the service before attending as an appointment may be needed.

Patients whose behaviour places them at high risk of contracting HIV will continue to be eligible for free testing if they are identified as such by the treating doctor on the pathology request form.

Their blood specimen can then be sent by the doctor's pathology service to the State Testing Laboratory or the Microbiological Diagnostic Unit for a free test to be performed.

High-risk patients comprise gay men, sex workers, injecting drug users, patients with a notifiable sexually transmissible disease (gonorrhoea, syphilis, chlamydia, chancroid, donovanosis and lymphogranuloma venereum), homeless youth, and men and women who engage in unsafe activities with a high-risk person.

People requiring and consenting to an HIV antibody test must be offered appropriate counselling that refers them directly to one of the free public testing sites.

Unlike other pathology tests, HIV antibody tests are not rebatable through Medicare and are not included on the Medical Benefits Schedule.

(Please contact the service before attending as an appointment may be needed.)

## Where can I get further information or help?

**Melbourne Sexual Health Centre**  
580 Swanston Street, Carlton 3053  
Tel: (03) 9347 0244 (including TTY),  
1800 032 017

**Communicable Diseases Service  
Royal Women's Hospital**  
132 Grattan Street,  
Carlton 3053  
Tel: (03) 9344 2000

**Infectious Diseases & Microbiology  
Alfred Hospital**  
Commercial Road, Prahran 3181  
Tel: (03) 9276 2000

**Infectious Diseases Service  
Royal Melbourne Hospital**  
Grattan Street,  
Parkville 3052  
Tel: (03) 9342 7000

**STD Clinic  
Western General Hospital**  
Gordon Street,  
Footscray 3011  
Tel: (03) 9319 6666

**Sexual Health Clinic  
Mornington Peninsula Hospital**  
Hastings Road,  
Frankston 3199  
Tel: (03) 9784 7777

**The Centre Clinic**  
46 Acland Street,  
St Kilda 3182  
Tel: (03) 9525 5866

**The Centre Clinic  
c/- Northcote Community Health Centre**  
42 Separation Street, Northcote 3070  
Tel: (03) 9481 7155

**Family Planning Victoria**  
901 Whitehorse Road,  
Box Hill 3128  
Tel: (03) 9257 0100

**Action Centre (for Youth)**  
277 Flinders Lane, Melbourne 3000  
Tel: (03) 9654 4766,  
1800 013 952

**AIDSLINE**  
Tel: (03) 9347 6099,  
1800 133 392,  
1800 032 665 (TTY)  
Hours: Monday to Friday 9.00 a.m. to  
10.00 p.m.  
Saturday and Sunday 11.00 a.m. to 2.00  
p.m., 7.00 p.m. to 10.00 p.m.

**Victorian AIDS Council/Gay Men's  
Health Centre**  
6 Claremont Street, South Yarra 3141  
Tel: (03) 9865 6700, 9827 3733 (TTY),  
1800 134 840

**Positive Living Centre/People Living with  
HIV/AIDS**  
46 Acland Street, St Kilda 3182  
Tel: (03) 9525 5866

**STD/Blood-Borne Virus Program  
Department of Human Services**  
GPO Box 4057, Melbourne 3001  
Tel: (03) 9616 7777

**Rural STD clinical services**

**Sexual Health Family Planning Clinic**  
**The Annexe**  
**Ballarat CHC**  
105 Humffray Street South, Ballarat 3350  
Tel: (03) 5333 1635

**STD Clinic**  
**Geelong CHS**  
40 Little Malop Street, Geelong 3220  
Tel: (03) 5221 4735

**STD Clinic**  
**Outpatients Department**  
**Latrobe Regional Hospital**  
Princes Highway, Traralgon 3844  
Tel: (03) 5174 9800

**STD Clinic**  
**Bendigo CHS**  
Seymoure Street,  
Bendigo 3556  
Tel: (03) 5434 4300

**STD Clinic**  
**Vermont Street Health Clinic**  
4 Benson Court,  
Wodonga 3690  
Tel: (02) 6056 1589

## APPENDIX 4

### GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCALE

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

**Code** (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)

100   91	<b>Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.</b>
90   81	<b>Absent or minimal symptoms</b> (e.g., mild anxiety before an exam), <b>good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns</b> (e.g., and occasional argument with family members).
80   71	<b>If symptoms are present, they are transient and expectable reactions to psychological stressors</b> (e.g. difficulty concentrating after family argument); <b>no more than slight impairment in social, occupational, or school functioning</b> (e.g. temporarily falling behind in school work).
70   61	<b>Some mild symptoms</b> (e.g., depressed mood and mild insomnia) <b>OR some difficulty in social, occupational, or school functioning</b> (e.g., occasional truancy, or theft within household), <b>but generally functioning pretty well, has some meaningful interpersonal relationships.</b>
60   51	<b>Moderate symptoms</b> (e.g., flat affect and circumstantial speech, occasional panic attacks ) <b>OR moderate difficulty in social, occupational, or school functioning</b> (e.g., few friends, conflicts with peers or co-workers)
50   41	<b>Serious symptoms</b> (e.g., suicidal ideation, sever obsessional rituals, frequent shoplifting) <b>OR any serious impairment in social, occupational, or school functioning</b> (e.g. no friends, unable to keep a job).
40   31	<b>Some impairment in reality testing or communication</b> (e.g., speech is at times illogical, obscure, or irrelevant) <b>OR major impairment in several areas, such as work or school, family relations, judgement thinking, or mood</b> (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
30   21	<b>Behaviour is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgement</b> (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) <b>OR inability to function in almost all areas</b> (e.g., stays in bed all day; no job, home or friends).
20   11	<b>Some danger of hurting self or others</b> (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) <b>OR occasionally fails to maintain minimal personal hygiene</b> (e.g., smears faeces) <b>OR gross impairment in communication</b> (e.g., largely incoherent or mute).
10   1 0	<b>Persistent danger of severely hurting self or others</b> (e.g., recurrent violence) <b>OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.</b> <b>Inadequate information.</b>