***Please indicate which Treatment Centre you wish to apply to :***

**The Salvation Army Hesketh King Treatment Centre 16-20 Youth Program 🞎**

**( Youth Program 7 Weeks )**

**The Salvation Army Hesketh King Treatment Centre 21+ Adult Program 🞎**

**( Adult Program 12 Weeks )**

**Lindelani Treatment Centre For Substance ( 9 Week Program ) 🞎**

**De Novo Treatment Centre For Adults and Youth ( 9 Week Program ) 🞎**

**Kensington Treatment Centre For Adult Females ( 9 Week Program ) 🞎**

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| **PROFESSIONAL REPORT BY** |

**Full name: …………………………………………….. ( compulsory )**

**Signature: ……………………………………………... ( compulsory )**

**Qualification/s: ……………………………………….**

**Address: ………………………………………………**

**………………………………………………**

**………………………………………………**

**Tel: …………………………………………………….. ( compulsory )**

**Fax no: ……………………………………………….. ( compulsory )**

**Email: ……………………………………………………………………… ( compulsory )**

**Date: …………………………….**

**Supervisor: …………………………………………… Date: ……………………………**

**Supervisor’s signature ……………………………………………….**

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| **IDENTIFYING INFORMATION** | | | |
| **Surname** |  | | |
| **Name** |  | | |
| **Date of birth** |  | | |
| **Identification Number** |  | | |
| **Sex** |  | | |
| **Race** |  | | |
| **Marital Status** |  | | |
| **Dependencies** |  | | |
| **First (home) language** |  | | |
| **Second Language** |  | | |
| **Current Address** |  | | |
| **Discharge Address** |  | | |
| **Contact numbers** |  | | |
| **Occupation/employment details( if applicable)** |  | | |
| **Referral - Adults** | Voluntary (Sec 32) | |  |
| Involuntary/Committal (Sec 33&35) | |  |
| Children’s Act, 38,2005 | |  |
| Committal after conviction [296] (36& 37) | |  |
| **Referral – Adolescents** | Child Justice Act, 74, 2008 | |  |
| Children’s Act, 38,2005 | |  |
| Substance Abuse Act, 70 of 2008 | |  |
| **Referral Source: designation, name & surname** | Social worker |  | |
| Other occupations |  | |
| **Referral Source: Organization, address & contact detail** |  | | |
| **Identification information of visitors whilst in treatment** | Name:  ID Number:  Relationship/Link with the service user:  Contact numbers: | | |

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| **SOURCES OF INFORMATION** | |
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| **REASON FOR REFERRAL/CIRCUMSTANCES FOR REFERRAL** | | | | |
| **………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………** | | | | |
| **SUBSTANCE USE HISTORY** (pattern of use) | | | | |
|  | Drug of choice | | | |
| 1st | 2nd | 3rd |  |
| **Inhalants** |  |  |  |  |
| **Drugs** |  |  |  |  |
| **Alcohol** |  |  |  |  |
| **Cigarettes** |  |  |  |  |
| **Other / Behaviour Problems** |  |  |  |  |

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| **PRESENT ILLNESS/SUBSTANCE ABUSE PATTERNS** |
| **Quantity of use:**  **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....**  **Frequency, setting (alone, at home, with friends):**  **…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**  **Methods used to obtain and administer the drugs:**  **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**  **Drug use history (to determine progression or lack thereof) and age of first use:**  **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**  **Chronological include info on suicidal thoughts**  **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...........................** |

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| **PAST TREATMENT HISTORY** |
| Number of treatment programs attended  Name of rehab  When  completed  Periods of abstinence:  Reason for relapse:  Use of self-help/support groups/professional resources: |

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| **CRIMINAL AND LEGAL HISTORY**:  Comprehensive history of the client’s criminal history  Previous convictions  Current offence |
| **…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....** |

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| **FAMILY HISTORY** | | |
| **Family of origin:**  Members:   |  |  |  | | --- | --- | --- | | Name | Relationship | Date of birth/age | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  * Background(Ethnic, social) * ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… * Home environment [permissive/strict home, unresolved feelings of anger towards a parent with SUD, self-hatred issues now that they/client has also developed SUD]   …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | |
| **Relationship with parents : (Current and past)**  How the service user feels about parents  ………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………………………………………………..  Whether parents had a substance use disorder of their own  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… ………..  Whether parent are handicap, or died whilst the service user was growing up  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  Nature of relationship with significant others:…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….. | | |
| **Sibling’s use of substances** | |  |
| **Parents’ relationship with children** | |  |
| **PERSONAL HISTORY** | | |
| **Major life events (relocation, divorces, deaths)** | |  |
| **School history** | |  |
| **Early friendships** | |  |
| **Adolescent behavior** | |  |
| **Intimate relationships** | |  |
| **Supportive/problematic relationships** | |  |
| **Gang Affiliation (name of gang, ranking, duration of membership & gang associated wounds/injuries)** | |  |
| **EDUCATIONAL HISTORY: Factors interfering with education? The degree in which it interfered, reasons for leaving the educational system.** | | |
| School history |  | |
| Tertiary history |  | |

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| **PSYCHIATRIC HISTORY** | |
| **Initial symptoms/symptoms not currently of concern** |  |
| **Prior treatment and response to treatment** |  |
| **Other psychiatric disorders that have been treated** |  |
| **FAMILY PSYCHIATRIC HISTORY** (first- and second degree generations) | |
| **Mental illnesses** |  |
| **Suicides** |  |
| **Substance abuse** |  |

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| **CURRENT HOME CIRCUMSTANCES (current nature of relationship with family/significant others)** |
| |  |  |  | | --- | --- | --- | | Name | Relationship | Date of birth/age | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..** |

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| **INDIVIDUAL DEVELOPMENT PLAN** |
| **……………………………………………………………………………………………………………………………………………………………………………………………………………………** |

**Detailed evaluation**……………………………………………………………………

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**Recommendation…**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Report compiled by**: …………………………………….. **Date**: …………………………..

**Report approved by supervisor**: …………………………. **Date**: …………………………..

**Checklist**

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| **ID** |  |
| **Medical report** |  |
| **IDP** |  |
| **Voluntary contract** |  |