***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 rehabWhencompletedPeriods 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 historyPrevious convictionsCurrent offence |
| **…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....** |

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| **FAMILY HISTORY** |
| **Family of origin:**Members:

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| --- | --- | --- |
| Name | Relationship | Date of birth/age |
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* 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]

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| **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)** |
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| --- | --- | --- |
| 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** |  |