Department of Social Development

Directorate Facility Management

**Centralised Admissions**

R101 Old Paarl Road, De Novo, Kraaifontein, 7570

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 Tel: 021826 6026

**Bio-Psycho-social report for centralised admission**

***Please complete the form in typed format***

**Substance Application Form**

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| **PROFESSIONAL REPORT BY** |
| **Referral agent – Name and Surname** | **Signature** | **Registration #** | **Date** |
|  |  |  |  |
| **Organization & Occupation** | **Email Address** |
|  |  |
| **Postal Address** | **Contact Number(s)** |
|  |  |
| **Supervisor – Name and Surname** | **Signature** | **Registration #** | **Date** |
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| **IDENTIFYING INFORMATION** |
| **Surname** |  |
| **Name** |  |
| **Date of Birth** |  |
| **Identification number** |  |
| **Gender** |  |
| **Race** |  |
| **Marital status** |  |
| **Dependencies** |  |
| **First (home) Language** |  |
| **Second language** |  |
| **Current Address** |  |
| **Discharge Address** |  |
| **Contact Number(s)** |  |
| **Occupation/Employment** |  |
| **Referral -Adult** | Voluntary (Sec 32) |  |
| Involuntary/Committal (Sec 33&35) |  |
| Children’s Act, 38,2005(Sec 156 & 172) |  |
| Committal after conviction [296] (36 & 37) |  |
| **Referral - Child** | Child Justice Act, 74, 2008 (36 & 37) |  |
| Children’s Act, 38,2005 |  |
| Prevention of and treatment for substance abuse Act |  |
| **IDENTIFICATION INFORMATION OF VISITORS WHILST IN TREATMENT** |
|  | **Contact Name** | **Relationship** | **Contact Number** | **Address** |
| **1** | **Name:****ID Number:** |  |  |  |
| **2** | **Name:****ID Number:** |  |  |  |
| **3** | **Name:****ID Number:** |  |  |  |
| **4** | **Name:****ID Number:** |  |  |  |
| **5** | **Name:****ID Number:** |  |  |  |
| **SOURCE(S) OF INFORMATION** |
| **Name and Surname** | **Designation** |
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| **REASON FOR REFERRAL/CIRCUMSTANCES FOR REFERRAL** |
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| **SUBSTANCE USE HISTORY** (pattern of use)  |
|  | Number of days used(past 30)  | Amount used on typical day | **Route**1-Oral2-Snort/sniff3-smoke/chase4-Intravenous5-Intramuscular | Age of onset |
| Alcohol  |  |  |  |  |
| Mandrax |  |  |  |  |
| Cannabis (dagga) |  |  |  |  |
| Heroin / Unga / Nyaope |  |  |  |  |
| Methamphetamine / tik/speed |  |  |  |  |
| Cocaine / crack/rocks |  |  |  |  |
| Codeine  |  |  |  |  |
| other |  |  |  |  |

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| **PRESENT ILLNESS/SUBSTANCE ABUSE PATTERNS** |
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| **PAST TREATMENT HISTORY** |
| **Number of treatment programs attended** |  |
| **Name of Treatment Centre(S)** |  |
| **Time frame** |  |
| **Program completed** |  |
| **Periods of abstinence** |  |
| **Reason for relapse** |  |
| **Use of self-help/support groups/professional resources** |  |
| **CRIMINAL AND LEGAL HISTORY**: Comprehensive history of the client’s criminal historyPrevious convictionsCurrent pending matters |
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| **FAMILY HISTORY** |
| **Family of origin (members)** |
| **Name and Surname** | **Relationship** | **Date of birth/age** |
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| **Background (Ethnic, Social)** |
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| **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 the parents |  |
| Whether parents had a substance use disorder of their own |  |
| Whether parent(s) has a disability or died whilst the service user was growing up |  |
| Nature of relationship with significant others |  |
| **Significant other’s substance use** |
|  |
| **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** |  |
| **Suicide ideation & suicide attempts**  |  |
| **Other psychiatric disorders that have been treated** |  |
| **FAMILY PSYCHIATRIC HISTORY** (first- and second degree generations) |
| **Mental illnesses** |  |
| **Suicides** |  |
| **Substance abuse** |  |
| **CURRENT HOME CIRCUMSTANCES (current nature of relationship with family/significant others)** |
| **Name and Surname** | **Relationship** | **Date of birth/age** |
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| **INDIVIDUAL DEVELOPMENT PLAN/ TREATMENT PLAN** |
| **Pre-Treatment** |
| Goal(s) | Timeframe | Responsibility |
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| **During Treatment (Internal Case Manager)** |
| Goal(s) | Timeframe | Responsibility |
|  |  |  |
| **During Treatment (External Case Manager)** |
| Goal(s) | Timeframe | Responsibility |
|  |  |  |
| **Post-Treatment** |
| Goal(s) | Timeframe | Responsibility |
|  |  |  |
| **DETAILED EVALUATION** |
|  |
| **RECOMMENDATION** |
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**Report compiled by**: …………………………………….. **Date**: ………………………..

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