1. Service Use

1.1 List any other primary and community care contacts over the past **6 months**:			
	Tick if yes	Provider sector of service (public, private or voluntary)	Number of contacts over past 6 months
GP - surgery	☐		
GP - home	☐		
GP – telephone consultation	☐		
Community/District Nurse	☐		
Community Psychiatric Nurse	☐		
Learning Disability Nurse (looks after physical health)	☐		
Psychiatrist	☐		
Psychologist	☐		
Care Manager/Social Worker	☐		
Occupational Therapist	☐		
Art/Drama/Music Therapist	☐		
Alternative Therapist (e.g. reflexologist)	☐		
Counsellor	☐		
Physiotherapy	☐		
Dentist	☐		
Speech and Language Therapist	☐		
Community Support Worker	☐		
Other input (please specify) ______________________ ______________________	☐		

Hospital services

		Tick if yes	No. of admissions in the last **6 months**	Total no. of nights in hospital
1.2. Overnight inpatient stay	Psychiatric intensive care ward	☐		
	Acute psychiatric ward	☐		
	Psychiatric rehabilitation ward	☐		
	General medical elective/planned inpatient admission	☐		
	General medical non-elective/unplanned inpatient admission	☐		
	General medical intensive care / High dependency unit	☐		

		Tick if yes		Tick if yes	No. of contacts in the last **6 months**
1.3. A&E attendance	Physical health related	☐	And admitted to hospital	☐	
			Not admitted to hospital	☐	
	Mental health related	☐	And admitted to hospital	☐	
			Not admitted to hospital	☐	

		Tick if yes	No. of contacts in the last **6 months**
1.4. Outpatient appointments	Psychiatric outpatient appointment	☐	
	Day patient procedure/test	☐	
	General medical outpatient appointment	☐	

2. Aids and adaptations

2.1. In the last **6 months**, has he/she received any aids or adaptations for their own use (e.g. bath hoist, wheelchair)?		☐ Yes (give more detail below) ☐ No
Description of aid:	*Supplier / Paid for by:*	*Cost (if known):*

3. Medication

3.1. Is he/she taking any medication at the moment?	Yes *(if yes, record details below)* No	☐ ☐

3.2. Details of medication

Name of medication	Regular medication or PRN?	Dose	Frequency	In the last **6 months**, how many weeks has he/she been taking this medication?

4. Criminal Justice Services

4.1. **Over the last 6 months**, has he/she been in contact with the police?

☐ Yes *(please report below)*

☐ No

4.2. How many contacts has he/she had with the police?
(Note: contact = interview or stay of some hours, but not overnight)

____

4.3. **Over the last 6 months**, has he/she spent the night in a police cell or prison?

☐ Yes *(please report below)*

☐ No

4.4. How many nights has he/she spent in a police cell or prison?

☐ Police cell

____

☐ Prison cell

____

4.5. How many learning disabilities or psychiatric assessments has he/she had whilst in custody?

____

4.6. **Over the last 6 months**, has he/she had any criminal or court appearances?

☐ Yes *(please report below)*

☐ No

4.7. How many (criminal or civil) court appearances has he/she had in the last 6 months?

☐ Criminal courts

____

☐ Civil courts

____