

CONSULTANCY FORM

A consultancy form is used to collect data on family members seeking support and to record the services provided by the organisation, including telephone support and counselling, information and effective referral to other services. Data collected may include identifying information (if provided), relationship to the person with problematic drug use, the types of information they are seeking, and outcome of the contact.

Date of call \ \ \			
Caller's name (optional)			
Relationship to person with problematic drug use			
<input type="checkbox"/> Partner	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling	<input type="checkbox"/> Other family member
<input type="checkbox"/> Friend	<input type="checkbox"/> Employer	<input type="checkbox"/> Community agency	<input type="checkbox"/> No relationship – general enquiry
<input type="checkbox"/> Other (specify) _____			
Information sought			
<input type="checkbox"/> Information on drugs		<input type="checkbox"/> Information on treatment services	
<input type="checkbox"/> Support/crisis intervention		<input type="checkbox"/> Referral and advice	
Outcome of contact			
Referral to specific service (specify)			
Date and details for follow-up (if appropriate) \ \			
Other notes			
Worker			