

<b>Client code</b>	
<b>SLK-581</b>	
<b>DEMOGRAPHIC ITEMS</b>	
<b>Sex recorded at birth</b>	<i>Tick one box only</i>
	Male
	Female
	Another term
	Not stated/Inadequately described
<b>Sex orientation</b>	<i>Tick one box only</i>
	Straight
	Gay or lesbian
	Bisexual
	Another term
	Don't know
	Prefer not to say
Not stated/Inadequately described	
<b>Gender</b>	<i>Tick one box only</i>
	Man or male
	Woman or female
	Non-binary
	Another term
	Prefer not to say
	Not stated/Inadequately described
<b>Variation of sex characteristics at birth</b>	<i>Tick one box only</i>
	Yes
	No
	Don't know
	Prefer not to say
	Not stated/Inadequately described
<b>Date of birth (DD/MM/YYYY)</b>	
NOTE When D.O.B. is estimated, enter 01/01 as day and month and estimate year. If any component of the date of birth is estimated, this is to be indicated using the Date of Birth Status field.	___ / ___ / _____
<b>Date of birth status</b>	<i>Tick one box only</i>
	Estimated
	Not estimated

<b>Aboriginal or Torres Strait Islander origin?</b>	<i>Tick one box only</i>	
	<input type="checkbox"/>	Yes, Aboriginal
	<input type="checkbox"/>	Yes, Torres Strait Islander
	<input type="checkbox"/>	Yes, both Aboriginal and Torres Strait Islander
	<input type="checkbox"/>	Neither Aboriginal nor Torres Strait Islander
<input type="checkbox"/>	Not stated	
<b>Country of birth</b>		
<b>Preferred language</b>		
<b>Date of commencement of Service Episode (DD/MM/YYYY)</b>	___ / ___ / _____	
<b>Postcode of Residence at commencement of Service Episode</b>		
<b>Suburb of Residence at commencement of Service Episode</b>		
<b>SOCIAL ITEMS</b>		
<b>Principal source of income</b>	<i>Tick one box only</i>	
	<input type="checkbox"/>	Full-time employment
	<input type="checkbox"/>	Part-time employment
	<input type="checkbox"/>	Temporary benefit (e.g. unemployment)
	<input type="checkbox"/>	Pension (e.g. aged disability)
	<input type="checkbox"/>	Student allowance
	<input type="checkbox"/>	Dependent on others
	<input type="checkbox"/>	Retirement fund
	<input type="checkbox"/>	No income
	<input type="checkbox"/>	Other
<input type="checkbox"/>	Not stated/Inadequately described	
<b>Living arrangement</b>	<i>Tick one box only</i>	
	<input type="checkbox"/>	Alone
	<input type="checkbox"/>	Spouse/partner
	<input type="checkbox"/>	Single parent with child(ren)
	<input type="checkbox"/>	Spouse/partner with child(ren)
	<input type="checkbox"/>	Parent(s)
	<input type="checkbox"/>	Other relative(s)
	<input type="checkbox"/>	Friend(s)
	<input type="checkbox"/>	Friend(s)/parent(s)/relative(s) and child(ren)
	<input type="checkbox"/>	Other
<input type="checkbox"/>	Not stated/Inadequately described	
<b>Usual accommodation</b>	<i>Tick one box only</i>	
	<input type="checkbox"/>	Rented house or flat (public or private)
	<input type="checkbox"/>	Privately owned house or flat

	Boarding house
	Hostel/supported accommodation service
	Psychiatric home/hospital
	Alcohol/other drug treatment residence
	Shelter/refuge
	Prison/detention centre
	Caravan on a serviced site
	No usual residence/homeless
	Other
	Not known
<b>Living with children Under 5 yo</b>	<i>Tick one box only</i>
	Yes
	No
	Not stated
<b>Living with children 5-15 yo</b>	<i>Tick one box only</i>
	Yes
	No
	Not stated
<b>DRUG USE ITEMS</b>	
<b>Client type</b>	<i>Tick one box only</i>
	Own drug use
	Other's drug use
<b>Injecting drug use</b>	<i>Tick one box only</i>
	Not collected (for secondary clients only)
	Last injected within the previous three months
	Last injected more than 3 months ago but less than 12 months ago
	Last injected 12 months ago or more
	Never injected
	Not stated/Inadequately described
<b>Shared needles or syringes</b>	<i>Tick one box only</i>
	Not collected (for secondary clients only)
	Last injected within the previous three months
	Last injected more than 3 months ago but less than 12 months ago
	Last injected 12 months ago or more
	Never injected
	Not stated/Inadequately described
<b>Operate machinery/vehicles while intoxicated or high</b>	<i>Tick one box only</i>
	Never
	Once
	Less than monthly

	Monthly
	Weekly
	Daily
<b>Had unsafe sexual activity</b>	<i>Tick one box only</i>
	Never
	Once
	Less than monthly
	Monthly
	Weekly
	Daily
<b>Principal drug of concern</b>	
<b>Method of use for principal drug of concern</b>	<i>Tick one box only</i>
	Not collected (for secondary clients only)
	Ingest
	Smoke
	Inject
	Sniff (powder)
	Inhale (vapour)
	Other
	Not stated/Inadequately described
<b>Other drugs of concern</b>	
<b>SERVICE PROVISION ITEMS</b>	
<b>Service delivery setting</b>	<i>Tick one box only</i>
	Community/outpatient
	Home
	Correctional
	Inpatient
	Residential
<b>Source of referral</b>	<i>Tick one box only</i>
	Self
	Family member/friend
	General practitioner
	Medical officer/specialist
	Psychiatric hospital
	Other hospital

	Residential community mental health unit
	Residential D&A treatment agency
	Other residential community care unit
	Education institution
	Non-residential community mental health centre
	Non-residential D&A treatment agency
	Non-residential community health centre
	Other non-health service agency
	Police diversion
	Court diversion
	Other criminal justice setting
	Workplace (EAP)
	Family and child protection service
	Needle and syring program
	Medically supervised injecting centre
	Other
	Not stated/Inadequately described
<b>Main service provided</b>	<i>Tick one box only</i>
	Counselling
	Withdrawal management (detoxification)
	rehabilitation activities
	Maintenance pharmacotherapy (Opioid)
	Maintenance pharmacotherapy (Non-opioid)
	Consultation activities
	Support and case management only
	Involuntary D&A Treatment (IDAT)
	Assessment only
	Information and education only
<b>Previous services received</b>	<i>Tick one box only</i>
	Not collected (for secondary client only)
	Previous D&A treatment service received
	No previous service received
<b>Other services provided</b>	<i>Select all that apply</i>
	Counselling
	Withdrawal management (detoxification)
	Rehabilitation activities
	Maintenance pharmacotherapy (Opioid)
	Maintenance pharmacotherapy (Non-opioid)
	Consultation activities
<b>COMPLETE AT CESSATION OF SERVICE EPISODE</b>	
<b>Date of Cessation of Service Episode (DD/MM/YYYY)</b>	___ / ___ / _____

<b>Reason for cessation of Service Episode</b>	<i>Tick one box only</i>
	Service completed
	Transferred/referred to another service
	Left without notice
	Left against advice
	Left involuntarily (non-compliance)
	Moved out of area
	Sanctioned by drug/court diversion program
	Imprisoned
	Released from prison
	Died
	Other
	Not stated/Inadequately described
<b>Referral to another service</b>	<i>Tick one box only</i>
	General practitioner
	Medical officer/specialist
	Psychiatric hospital
	Other hospital
	Residential community mental health unit
	Residential D&A treatment agency
	Other residential community care unit
	Education institution
	Non-residential community mental health centre
	Non-residential D&A treatment agency
	Non-residential community health centre
	Other non-health service agency
	Workplace (EAP)
	Family and child protection service
	No referral
	Other
Not stated/Inadequately described	

<b>Date of commencement of Service Episode (DD/MM/YYYY)</b>	<b>Postcode of Residence at commencement of Service Episode:</b>	<b>Contact type</b>	<b>Clinician</b>	<b>Memo (Notes)</b>
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				
__ / __ / ____				