



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____ / ____ / ____		M.O.
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

DRUG AND ALCOHOL TREATMENT ACT 2007 - FORM 3 PATIENT ASSESSMENT



SMR025232

Before you start, please review the fact sheet at the link, or QR code at right.

<https://www.health.nsw.gov.au/aod/programs/Pages/idat-referral-info-sheet.aspx> to:

- Find out more about the Involuntary Drug and Alcohol Treatment Program (IDAT)
- Understand if IDAT is an appropriate service for your patient
- See examples of how criteria under the *Drug and Alcohol Treatment Act 2007* (the Act) should be addressed in Form 3 to provide evidence that the patient meets the high threshold for eligibility under the Act



Scan for fact sheet

Instructions

Form 2

is used to request that an Accredited Medical Practitioner (AMP) assess the patient for detention and treatment under section 9 of the Act. The form must be signed by a medical practitioner, preferably one that has an ongoing therapeutic relationship with the patient.

Form 3

- provides information to be used in the assessment, management and triage of the patient (Pages 2- 8)
- describes how the person appears to meet the statutory threshold for eligibility (Pages 9-10)

Referring medical practitioners and Involuntary Treatment Liaison Officers (ITLOs) must work in partnership to ensure all required forms are adequately completed, and plans are in place for transport and continued treatment upon discharge from IDAT. Contact your LHD Intake Line to connect with an ITLO in your area.

Send completed forms and relevant documentation, including results of investigations (e.g EEG, CT scans, bloods, abdominal ultrasound, UDT's and MRI results) to moh-idat-intake@health.nsw.gov.au

Definitions

Accredited Medical Practitioner (AMP) A medical practitioner, appointed under the Act by the Secretary NSW, or their delegate. After assessing the person, the AMP may issue a dependency certificate stating that the person may be detained for treatment under the Act for the period stated in the certificate. Other powers and responsibilities of the AMP are described in the Act.

Involuntary Treatment Liaison Officer (ITLO) An ITLO is a qualified professional nominated by Local Health Districts and Local Health Networks with significant experience (as judged by their supervisor) of providing direct drug and alcohol patient care. ITLOs must have completed the IDAT training delivered by Health Education and Training Institute (HETI), including an online module and virtual workshop.

Please contact MOH-CAOD@health.nsw.gov.au if you are interested in undertaking the ITLO training

Drug & Alcohol Specialist Advisory Service DASAS is a free 24/7 telephone service that provides general advice to health professionals who require assistance with the clinical diagnosis and management of patients with alcohol and other drug related concerns.

(02) 8382-1006 (Metropolitan Sydney) or 1800 023 687 (Regional, Rural & Remote NSW)

Other contact information, support and treatment services including LHD intake lines can be found on the NSW Health website at the link or QR code here.

www.health.nsw.gov.au/aod/Pages/contact-service.aspx



Scan for AOD contact info

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Patient's personal and contact details

Given name:		Family name:			
DOB	Preferred name			Medicare number	
Address					
Home Phone		Mobile Phone		Email	
Sex recorded at birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other		
Gender identity	<input type="checkbox"/> Man or male	<input type="checkbox"/> Woman or female	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Another term (please specify):	<input type="checkbox"/> Unknown
Pronouns	<input type="checkbox"/> He/him	<input type="checkbox"/> She/her	<input type="checkbox"/> They/theirs	<input type="checkbox"/> Another term (please specify):	

Culture and Language

<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown					
Country of birth		Preferred Language		Interpreter required <input type="checkbox"/> No <input type="checkbox"/> Yes	

Emergency Contact

Name	Phone	Relationship to patient
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Form Completed by

Referring Doctor	Name	Location/Service	Contact details
Supporting ITLO	Name	Location/Service	Contact details

Preferred unit

<input type="checkbox"/> No preference	
<input type="checkbox"/> Inpatient Drug and Alcohol Services Royal North Shore Hospital Level 5, Douglas Building, Reserve Road St Leonards NSW 2065 Phone (02) 9463 2533 Fax (02) 9463 1008	<input type="checkbox"/> Lachlan Involuntary Drug and Alcohol Treatment Unit Bloomfield Hospital, Orange Health Service, Forest Road , Orange NSW 2800 Phone (02) 6369 7700 Fax (02) 6360 1352
Reason For Preference:	

Planned patient transport to unit

Average hours of patient transport	St Leonards unit	Orange unit
Number and types of medical stops during patient transport		
Planned method of transport (please tick one)		
<input type="checkbox"/> LHD Staff	<input type="checkbox"/> Health Transport Unit or Patient Transport Service (PTS)	<input type="checkbox"/> NSW Ambulance Service <input type="checkbox"/> NSW Police (in limited circumstances) <input type="checkbox"/> Family members, carers, friend, self (Discouraged for safety reasons)

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CLINICAL HISTORY

- Please complete the form below.
- If you have completed an existing comprehensive assessment already, please attach this instead, and fill in any incomplete sections, as well as the Section 9 eligibility criteria at the end.

Presenting Problems

[Empty box for Presenting Problems]

Emergency Service and acute care utilisation

In the 3 months prior to this referral please record the following, where known:

1) Number of emergency department presentations and hospital admissions:

[Empty box for 1) Number of emergency department presentations and hospital admissions]

2) Number of Arrests:

[Empty box for 2) Number of Arrests]

3) Number of Ambulance call outs:

[Empty box for 3) Number of Ambulance call outs]

Alcohol and other drug treatment history Include withdrawal management, rehab, counselling etc.

[Empty box for Alcohol and other drug treatment history]



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Substance use past 3 months E.g. quantity, frequency, duration, route, last use.

Substance	
Alcohol	
Cannabis	
Amphetamine type substances (ice, MDMA etc.)	
Benzodiazepines (prescribed & illicit)	
Heroin	
Other opioids (not prescribed methadone/buprenorphine)	
Cocaine	
Other substances (e.g. Gammahydroxybuturate (GHB), nitrous oxide or other inhalants)	
Tobacco	

Relevant Medical History Include seizures, epilepsy, head injury, blood borne viruses, pregnancy.

[Empty box for Relevant Medical History]

Current Medication

[Empty box for Current Medication]

Allergies:

[Empty box for Allergies]

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Mental Health Include psychiatric history - diagnoses, admissions, treatment, current mental health concerns - and suicidality/self-harm - past attempts, recent history, current risks.

Concerns with cognition

Legal issues Include criminal history, current charges, pending court matters, and current orders or conditions e.g. bail, community corrections supervision.

History of violence/aggression Include recent thoughts/attempts to harm others.

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Psychosocial history Include employment, living situation, marital status, dependants, social supports, significant stressors, social and cultural issues and relevant socio-economic factors.

Concerns with independent living Include mobility, cooking, self-care, continence, wandering.

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Proposed Aftercare Plan

These details should be planned in partnership with local services. Referring clinicians should reach agreement with local Alcohol and other Drugs Services on the planned continuation of treatment upon discharge from the IDAT unit.

1. Housing:

2. Residential rehabilitation:

3. Pharmacotherapy:

4. Prevocational/vocational programs:

5. Financial support:

6. Guardianship issues:

7. Self help groups:

8. Other:



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**TREATING PRACTITIONERS
AND SOCIAL SUPPORT
CONTACTS:**

Details (include name, phone & email where possible)

**Key worker coordinating
aftercare plan (mandatory)**

GP

Mental Health

D&A Staff

Addiction Specialist

NDIS

**Other (e.g. Community
Corrections Officer, Public
Guardian, Trustee etc.)**

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Please attach any relevant documentation including results of investigations (e.g. EEG, CT scans, bloods, abdominal ultrasound, UDT's, MRI results)



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SECTION 9 ELIGIBILITY

Outline how the individual appears to meet the eligibility criteria for involuntary treatment (Section 9 Drug & Alcohol Treatment Act 2007):

1: The person has severe substance dependence as defined by:

[a] Tolerance/withdrawal symptoms: provide & attach details.

[Empty box for details of tolerance/withdrawal symptoms]

[b] Has lost the capacity to make decisions about his/her substance use and personal welfare due primarily to his/her substance dependence. Provide & attach details.

[Empty box for details of lost capacity]

2. Care, treatment or control of the person is necessary to protect the person from serious harm. Provide & attach details.

[Empty box for details of necessary care]



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3. The person is likely to benefit from treatment for severe substance dependence but has declined treatment. Provide & attach details (including discharge summaries; ED admissions; ambulance/police/court/DCJ reports; evidence treatment has been offered and repeatedly not complied with).

[Empty box for patient assessment details]

4. No other appropriate and less restrictive means for dealing with the person are reasonably available. Provide & attach details.

[Empty box for patient assessment details]

Additional considerations:

Serious harm may occur to children in the care of the person or dependents of the person.

[Empty box for additional considerations]

Print Name _____

Signature **Print and Sign** _____

Designation _____

Date ____ / ____ / ____

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