

Patient Demographics

Subject No.:		Gender:	Male <input type="checkbox"/>
Age:			Female <input type="checkbox"/>
			Transgender <input type="checkbox"/>
Employment:	Unemployed <input type="checkbox"/>	Home	Independent <input type="checkbox"/>
	Student <input type="checkbox"/>	Circumstances:	Supported <input type="checkbox"/>
	Full-time <input type="checkbox"/>		Homeless <input type="checkbox"/>
	Self-employed <input type="checkbox"/>		Not Noted <input type="checkbox"/>
	Not noted <input type="checkbox"/>		

Psychiatric in-patient stay

Primary Diagnosis:			
Other Diagnoses:			
Admission Date:		Discharge Date:	
Use of Mental Health Act:	Yes <input type="checkbox"/>	Previous Psychiatric Admissions (Num.):	
	No <input type="checkbox"/>		
Forensic History:	Yes <input type="checkbox"/>	Previous custodial sentence noted:	Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>
	No info. <input type="checkbox"/>		

Substance use

NPS mentioned in d/c:	Yes <input type="checkbox"/>	Contribute to psych Sx?:	Yes <input type="checkbox"/>
	No <input type="checkbox"/>		No <input type="checkbox"/>
			Not stated <input type="checkbox"/>
Name(s) of NPS:			
Route of administration:	IV <input type="checkbox"/>	Smoked <input type="checkbox"/>	
	Insufflation <input type="checkbox"/>	Other <input type="checkbox"/>	
	Oral <input type="checkbox"/>	
Other substance misuse:	Alcohol <input type="checkbox"/>		
	Cannabis <input type="checkbox"/>		
	Benzodiazepines <input type="checkbox"/>		
	Cocaine <input type="checkbox"/>		
	MDMA <input type="checkbox"/>		
	Amphetamines <input type="checkbox"/>		
	GBL / GHB <input type="checkbox"/>		
	Opiates <input type="checkbox"/>	(on substitute)	
	Which substitute?		
	Opiates <input type="checkbox"/>	(not on substitute)	
	Other: <input type="checkbox"/>		
	What?		