|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date (DD/MM/YYYY):** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Your contact details:** if appropriate role and service | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Location where incident occurred:** geographical area and location if known (ie, home, street, nightclub, hostel, hospital) | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Name of drug:** if known, indicate if brand name on packet, street name, chemical name etc. | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Route of administration:** how was the drug taken? (Tick if known) | | | | | | | | | |
| Smoked  Swallowed  Sniffed  Injected | | | | (If injected)  IV  IM  Skin pop | | | Other  (please specify)  Click here to enter text. | | |
| **Effect of drug:** the effect of drug as described to you | | | | | |  | |  |  |
| Click here to enter text. | | | | | | | | | |
| **How was this effect different from what expected?** (eg, lasted longer, was more potent) | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Polydrug use?** Was the drug used with any other drugs or alcohol? | | | | | | | | | |
| No  Yes  Unknown | | If yes, please list others: Click here to enter text. | | | | | | | |
| **Dosage:** how much was taken; if more than one type of drug please list amount for each | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Cost:** please specify if price is for weight, per bag, pill etc. | | | **Appearance of drug:** (ie, white powder, pill)  If available, please attach photograph (next to coin for scale) | | | | | | |
| Click here to enter text. | | | Click here to enter text. | | | | | | |
| **Concern:** please indicate concern (ie, adverse effect, altered behaviour, violence, overdose) | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Did the incident involve a hospital admission?** | | | | | | | | | |
| No  Yes  Unknown | | | If known please specify which hospital, when this occurred, whether still ongoing? Click here to enter text. | | | | | | |
| **Did the incident result in death or other serious harm?** (Give details if known) | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **Where was the drug purchased?** (Please tick if known) | | | | | | | | | |
| Internet  Shop  Dealer  Friend | | | Other (describe): Click here to enter text. | | | | | | |
| **Has this issue or concern been raised by other service users?** (How many times?) | | | | | | | | | |
| No  Yes | If yes, roughly how many times: Click here to enter text. | | | | | | | | |
| **If known, please indicate drug experience of person concerned** | | | | | | | | | |
| Experienced drug user  Recreational drug user  Naive drug user | | | | | Other relevant background information, ie, vulnerable adult, young person (age):  Click here to enter text. | | | | |
| **Any other information** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |

**Please complete this form with as much detail as possible and send to:** [**kOneill@hillingdon.gov.uk**](mailto:kOneill@hillingdon.gov.uk) **and** [**publichealth@hillingdon.gov.uk**](mailto:publichealth@hillingdon.gov.uk)