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| --- |
| **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** **and** **publichealth@hillingdon.gov.uk**