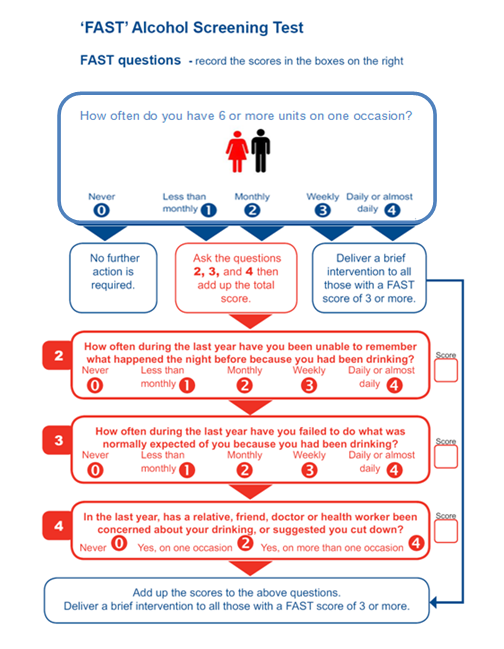
|  |  |
| --- | --- |
| **Result** | **Screening Positive ❑ Negative ❑ ABI delivered Yes ❑ No ❑** |
| **Date** |  |

**Alcohol Brief Interventions (ABI) Recording Sheet**

Please complete this form for patients **Screened Positive or Negative**. It will take less than 2 minutes to complete and will contribute to mandatory reporting for the for the Local Delivery Plan (LDP) Standard aimed at reducing alcohol related harm across the NHS and Scotland.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details** | | | |
| Age Band | < 16 ❑ 16 – 24 ❑ 25 – 34 ❑ 35 – 44 ❑ 45 – 54 ❑ 55 – 64 ❑ 65 + ❑ | | |
| Sex | Male ❑ | Female ❑ | |
| GP |  | | |
| GP Practice |  | | |
|  | | |
| **Staff Details** |  | | |
| Name |  | | |
| Designation |  | | |
| Team/Dept |  | | |
| Work-base |  | | |
|  | | |
| **Operational Area** |  | | |
| * North * West * South * Mid * A&B | ❑  ❑  ❑  ❑  ❑ | | |
| **Screening** |  | | |
| Setting   * Primary Care * Antenatal Care * A&E * Acute Care * Other | ❑  ❑  ❑  ❑  ❑ Please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Alcohol Brief Intervention (ABI) Outcome** | | | |
| * ABI Not Delivered * ABI Delivered * Referred to Specialist Service | | | ❑  ❑  ❑ |
| **Any Additional Comments** | | | |
|  | | | |

**Please Forward To: Aileen Trappitt, Admin Officer, Highland Alcohol and Drug Partnership, Assynt House, Beechwood Park, Inverness, IV2 3BW**

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