|  |  |
| --- | --- |
| **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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