Central and North West London NHS

Mental Health NHS Trust

Soho Rapid Access Clinic

Initiation

Client name: _____ **Sex: M /F** **Worker initials:** _____

Daisy No. **Date:**

1. How did you first start injecting/what made you want to start?

Details:

2. Did someone else inject you? ☐ Yes ☐ No

3. Have you ever been asked to give someone else his or her first hit? ☐ Yes ☐ No

4. Have you ever given someone else his or her first hit? ☐ Yes ☐ No

5. Break The Cycle completed ☐ Yes