

AOD TREATMENT HISTORY:

PTSD / TRAUMA HISTORY AND SYMPTOMS:

OTHER PHYSICAL AND MENTAL HEALTH ISSUES INCLUDING DIAGNOSES AND MEDICATIONS:

OTHER SERVICES / SUPPORTS INVOLVED:

OTHER CONCERNS:

Homelessness Family Violence Dependents (children, older adults) ABI

CLIENT AVAILABILITY, IF KNOWN (COPE is offered during business hours, Mondays to Fridays):

INCLUSION CRITERIA	EXCLUSION CRITERIA
<p>Women aged 25 years and over.</p> <p>Current PTSD diagnosis or symptoms.</p> <p>Current problematic substance use and a willingness to reduce or cease harmful use.</p> <p>Clients must be willing and able to travel safely to Richmond for treatment sessions.</p> <p>Access to technology for listening to recordings between sessions and for attending via telehealth as required.</p>	<p>Current high risk of suicidal behaviour or serious threat to safety of others.</p> <p>Serious self-harm (or suicide attempt) within the last three months.</p> <p>Currently living under threat of violence or currently in a violent relationship.</p> <p>Highly substance dependent clients may need to complete medically supervised withdrawal before commencing the treatment.</p>

Office Use Only
Date Received:

Registered on MD / UR:

Kessler Psychological Distress Scale (K5)

Please tick the answer that is correct for you:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. In the last 4 weeks, about how often did you feel nervous?					
2. In the last 4 weeks, about how often did you feel without hope?					
3. In the last 4 weeks, about how often did you feel restless or jumpy?					
4. In the last 4 weeks, about how often did you feel that everything was an effort?					
5. In the last 4 weeks, about how often did you feel so sad that nothing could cheer you up?					