



Form B7 - Substance misuse

Was the child known to substance misuse services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
Was the child known to be currently using:	<input type="checkbox"/> Heroin <input type="checkbox"/> Methadone <input type="checkbox"/> Other Opiates <input type="checkbox"/> Solvents <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Alcohol <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Not known	<input type="checkbox"/> Ecstasy <input type="checkbox"/> Cannabis <input type="checkbox"/> Amphetamines (excluding Ecstasy) <input type="checkbox"/> Major Tranquilisers <input type="checkbox"/> Cocaine (excluding Crack) <input type="checkbox"/> Anti-depressants <input type="checkbox"/> Crack <input type="checkbox"/> Other, (please specify):