



## Methadone Safe Storage and Risk Assessment

**Name:** \_\_\_\_\_

**Dob:** \_\_\_\_\_

**Key Worker:**

**Risk**

Have you had a risk assessment carried out by the DAAT?	yes	Don't Know/ no	
What is your current dose?		Don't Know	
How do you measure this dose?		Don't Know	
When do you take it?		Don't Know	
How do you remember?		Don't Know	
How do you store your meds at home?		Don't Know	
Are there children or vulnerable adults living with you in the home?	no	yes	
Could anyone in your home get hold of your methadone?	no	yes	
How do you dispose of your empties?		Don't Know	
Are you still 'using'?	no	yes	
How do you obtain and dispose of works?		Don't Know	
Do you drink alcohol?	no	yes	

Other issues? / Summary of outcome:

**Pharmacist Name:**

**Date of assessment:**