



Form B10 – Substance Misuse

MSCB Reference

CD11/12 xxxx

Form B10 – Substance Misuse

Was the child known to substance misuse services? Yes
 No
 Not known

Was the child known to be currently using:

- | | |
|------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Ecstasy |
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Cannabis |
| <input type="checkbox"/> Other Opiates | <input type="checkbox"/> Amphetamines (excluding Ecstasy) |
| <input type="checkbox"/> Solvents | <input type="checkbox"/> Major tranquilisers |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Cocaine (excluding Crack) |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Anti-depressants |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Crack |
| <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Not known | |