Client ID No.	Date of Birth	Gender	First 4 digits of post code	Drugs current injected (tick all that apply)					Is Client already accessing drug	Has client been tested and vaccinated	Has client been tested	Number of packs supplied			Number of bins returned
				Heroin	Crack	Cocaine	Steroids	Other	treatment	for Hep B	for Hep C	Red	Green	Blue	