

Addiction Medicine Intake

Medical

1. Number of times hospitalized in life, for medical reasons: _____
2. How long ago was last hospitalization: _____
3. Any chronic medical problems, include obstetrical history and current birth control as applicable:

4. Current prescribed medications:

5. On disability: _____
6. Number of days with medical concerns in the past 30: _____
7. How bothered is patient by medical problems: 0-not at all, 1-slightly, 2-moderately, 3-considerably, 4-extremely, X-not answered

Employment/Support

1. Education completed: _____ years (GED=12)
2. Driver's license: YES NO
3. Have a car: YES NO
4. Current (or most recent) occupation: _____
5. How bothered is patient by employment problems, scale 0-4: _____

Alcohol/Drug Use

1. Alcohol Use: Last 30 days_____; Lifetime Use_____; Comments, include withdrawal history and date last used_____
2. Heroin: Last 30 days_____; Lifetime Use_____; Route_____; Comments, include date last used, amount, overdose history_____
3. Methadone: Last 30 days_____; Lifetime Use_____; Route_____; Comments, include date last used, dose, and street vs prescribed_____
4. Other Opioids: Last 30 days_____; Lifetime Use_____; Route_____; Comments, include date last used, , types, overdose, amount_____
5. Barbiturates: Last 30 days_____; Lifetime Use_____; Route_____; Comments, include date last used, types (e.g. qualuudes), overdose, amount_____

6. Other sedatives (benzos): Last 30 days:____; Lifetime Use ____; Route ____; Comments, include date last used, types, amount, overdose, withdrawal history____

7. Cocaine/Crack: Last 30 days ____; Lifetime Use ____; Route ____; Comments, include date last used, forms, amount _____
8. Amphetamines/Meth: Last 30 days ____; Lifetime Use ____; Route ____; Comments, include date last used, forms, amount _____
9. Marijuana: Last 30 days ____; Lifetime ____; Comments, include date last used and amount _____
10. Hallucinogens: Last 30 days ____; Lifetime ____; Comments, include date last used and form _____
11. Inhalants: Last 30 days ____; Lifetime ____; Comments, include date last used and form _____
12. Tobacco: Age at onset ____; Current use and form _____; Comments, include previous quit attempts/use of NRT or medication _____

13. Which substance(s) is the major current problem: _____
14. How long was the last voluntary abstinence from the major substance: _____
15. How many months ago did this abstinence end: _____
16. How many times have you had alcohol withdrawal/DTs: _____
17. How many time have you overdosed on drugs: _____
18. How many times have you been treated for alcohol use: _____
19. How many of these were detox only: _____
20. How many time have you been treated for drug use: _____
21. How many of these were detox only: _____
22. How many days in the last 30 have you been treated as an outpatient for alcohol or drug problems: _____
23. How many days in the last 30 have you experienced problems with alcohol: _____
24. How troubled or bothered are you by these alcohol problems: _____ (scale 0-4)
25. How many days in the last 30 have you experienced problems with drugs: _____
26. How troubled or bothered are you by these drug problems: _____ (scale 0-4)
27. How important is it for you to get treatment for alcohol problems, scale 0-4: _____
28. How important is it for you to get treatment for drug problems, scale 0-4: _____
29. Rate patient's need for alcohol treatment, 0-9 scale: _____
30. Rate patient's need for drug treatment, 0-9 scale: _____

Legal Status

1. Is your evaluation for this treatment program prompted or suggested by the criminal justice system (e.g., court ordered, requirement of parole/probation): _____
2. Are you on parole or probation: _____
3. How many times in your life have you been charged with disorderly conduct, public intoxication, possession of drugs/paraphernalia: _____
4. Have you ever had a DUI, if so how many and when: _____
5. How many months have you been incarcerated in your life: _____
6. Are you presently awaiting trial, sentence, or have pending charges: _____
7. If so, what for: _____
8. How serious do you feel your legal problems are, scale 0-4: _____
9. How important to you is counseling or referral for legal problems, scale 0-4: _____
10. Rate patient's need for legal services, scale 0-9: _____

Family History

Have any of your immediate family (include aunts/uncles), or the person(s) who primarily raised you, suffered from an alcohol, drug, or psychiatric problem: _____

Mother's Side: _____

Father's Side: _____

Family/Social Status

1. Marital Status: _____. Current partner/significant other: _____
2. How long have you been in this marital status: _____
3. Are you satisfied with this situation: _____
4. Usual living arrangements: _____. For how long: _____
5. Do you live with anyone who has a current alcohol problem: _____
6. Do you live with anyone who uses drugs, illicit or prescribed controlled substances:

7. How many children do you have, include ages: _____
8. What is your relationship with your children: _____
9. How bothered are you by family problems in the last 30 days: _____ (scale 0-4)
10. How important to you is treatment or counseling for family problems: _____ (scale 0-4)

Psychiatric Status

1. How many times have you been treated for a BH problem as an inpatient: _____
2. How many times have you been treated for a BH problem as an outpatient: _____

3. Do you receive a pension/disability for a BH problem: _____
4. Have you experienced thoughts of suicide in the past 30 days: _____ or in your lifetime: _____
5. Have you attempted suicide in the past 30 days: _____ or in your lifetime: _____
6. Have you been prescribed medication for a BH problem in the past 30 days: _____ or in your lifetime: _____
7. Is the patient obviously depressed or withdrawn: _____
8. Is the patient obviously hostile or agitated: _____
9. Is the patient obviously anxious or nervous: _____
10. Is the patient having trouble with reality testing, thought disorders, or paranoid: _____
11. Is the patient having suicidal thoughts: _____
12. How would you rate the patient's need for mental health treatment: _____ (scale 0-9)