

Patient Demographics

Patient Name:

(PLEASE USE
CAPITAL LETTERS)

Date of Birth:

 / /

Age:

Medical Record #:

Patient Referral #:

CHIEF COMPLAINT:

Clinic Information:

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Hx of Present Illness

[_____] is a [_____] y/o who is being seen & evaluated for Substance Use Disorder (SUD).

HPI:

First Substance(s) Used: _____

Age at First Substance(s) Used: _____

Progression of Use: _____

CURRENT USE: _____
(Substance(s) Used; _____
Amount Used; _____
Frequency of Use; _____
Route of Use): _____

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

Nicotine Use: _____

COMPLETE SUBSTANCE USE Hx:

ALCOHOL

If you have never used alcohol, please indicate: _____

Type of alcohol used: _____

Amount of alcohol used: _____

Duration of use: _____

Frequency of use: _____

Route of Use (Intranasal, Inhaled, Injected, Ingested, Other):

CURRENT USE: _____

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

COMPLETE SUBSTANCE USE Hx (CONTINUED):

CANNABIS (Natural / THC / Marijuana or Synthetic / K2)

If you have never used cannabis, please indicate: _____

Type of cannabis used: _____

Amount of cannabis used: _____

Duration of use: _____

Frequency of use: _____

Route of Use (Intranasal, Inhaled, Injected, Ingested, Other):

CURRENT USE: _____

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

COMPLETE SUBSTANCE USE Hx (CONTINUED):

OPIOIDS (Oxycodone, Heroin, Kratom)

If you have never used opioids, please indicate: _____

Type of opioids used: _____

Amount of opioids used: _____

Duration of use: _____

Frequency of use: _____

Route of Use (Intranasal, Inhaled, Injected, Ingested, Other):

CURRENT USE: _____

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

COMPLETE SUBSTANCE USE Hx (CONTINUED):

DEPRESSANTS (Benzodiazepines, Barbiturates)

If you have never used depressants, please indicate: _____

Type of depressants used: _____

Amount of depressants used: _____

Duration of use: _____

Frequency of use: _____

Route of Use (Intranasal, Inhaled, Injected, Ingested, Other):

CURRENT USE: _____

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

COMPLETE SUBSTANCE USE Hx (CONTINUED):

HALLUCINOGENS (LSD, Mushrooms / Psilocybin)

If you have never used hallucinogens, please indicate: _____

Type of hallucinogens used: _____

Amount of hallucinogens used: _____

Duration of use: _____

Frequency of use: _____

Route of Use (Intranasal, Inhaled, Injected, Ingested, Other):

CURRENT USE: _____

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

COMPLETE SUBSTANCE USE Hx (CONTINUED):

CLUB DRUGS & SYNTHETICS (GHB, GHB Derivatives, MDMA, Molly, etc.):

If you have never used club drugs, please indicate: _____

Type of club drugs used: _____

Amount of club drugs used: _____

Duration of use: _____

Frequency of use: _____

Route of Use (Intranasal, Inhaled, Injected, Ingested, Other):

CURRENT USE: _____

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

COMPLETE SUBSTANCE USE Hx (CONTINUED):

DISSOCIATIVE DRUGS

If you have never used dissociative drugs, please indicate: _____

Type of dissociative drugs used: _____

Amount of dissociative drugs used: _____

Duration of use: _____

Frequency of use: _____

Route of Use (Intranasal, Inhaled, Injected, Ingested, Other):

CURRENT USE: _____

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

COMPLETE SUBSTANCE USE Hx (CONTINUED):

STIMULANTS (Cocaine, Methamphetamine, Khat, Cathinones / Bath Salts, Etc.)

If you have never used stimulants, please indicate: _____

Type of stimulants used: _____

Amount of stimulants used: _____

Duration of use: _____

Frequency of use: _____

Route of Use (Intranasal, Inhaled, Injected, Ingested, Other):

CURRENT USE: _____

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

COMPLETE SUBSTANCE USE Hx (CONTINUED):

Medical / Legal / Social Problems from Substance Use:

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

COMPLETE SUBSTANCE USE Hx (CONTINUED):

Tx for Substance Use Engagement in the Past:
Medication / Rehab / Detox / IOP / etc. &
OUTCOMES from Each Tx Episode:

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

COMPLETE SUBSTANCE USE Hx (CONTINUED):

Longest Amount of Sober Time Achieved for Each Substance:

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

SOCIAL HISTORY:

Living Situation:

Insurance Status:

Current Relationships:

Substance Using
Friends; Acquaintances;
Family Members:

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

SOCIAL HISTORY:

Sober Supports:

Employment Status:

Education:

Transportation Barriers:

Food Stability:

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

FAMILY HISTORY:

Family History of
Substance Use Disorder
(SUD) &/or Alcohol Use
Disorder (AUD):

Family History of
Mental Illness:

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

PAST MEDICAL Hx: PSYCHIATRIC HISTORY

Diagnoses:

Tx:

CURRENT SYMPTOMS:

Hx Hospitalizations:

Hx Suicide Attempts:

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

CURRENT:

Allergies:

Current Meds:

Review of Systems:

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

PHYSICAL EXAM:

Vitals:

Constitutional:

Eyes:

Pupils:

ENMT:

Neck:

Respiratory:

Cardiovascular:

Murmurs:

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

PHYSICAL EXAM (CONTINUED):

Gastrointestinal:

Bowel Sounds:

Distension:

Musculoskeletal:

SKIN (Injection Sites;
Scars; Abscesses;
Venous Sclerosis;
Piloerection)

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

PHYSICAL EXAM (CONTINUED):

Neurologic:

Psychiatric:

Lymphatic:

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

RESULTS:

Pertinent Lab Results:

PDMP Results:

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Hx of Present Illness (CONTINUED)

HPI (CONTINUED):

ASSESSMENT AND PLAN:

[_____] is a _____ y/o with a PMH of _____,
who was seen and evaluated for _____ Use Disorder.
Assessment and recommendations are as follows.

Patient meets the criteria for _____ Use Disorder with the
following in the last 12 months: _____
(DSM-5 Criteria): _____

PLAN:

Naloxone Spray 4mg, PRN overdose, #1 (2pack), 3 refills

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