

**Department of Mental Health  
Inpatient Enhanced Clinical Review  
Substance Use Assessment**

<b>Patient Name:</b>	<b>DOB:</b>	<b>Age:</b>	<b>Sex:</b>
<b>Marital Status:</b>	<b>Admission Date:</b>		
<b>Current Legal Status:</b>	<b>Guardianship Status:</b>		
<b>DMH Facility:</b>			
<b>Attending Psychiatrist:</b>			

<b>Sources of Information:</b> <i>(Include the patient, providers, legal/police records, medical records, family, etc.)</i>

**Drug and Alcohol History**

**History of drug or alcohol abuse (yes, no, unknown)**

Drugs	Age First Use	Date Last Used	Patient's Age During Period of Highest Use	For Period of Highest Rate of Use: Frequency of Use	For Period of Highest Rate of Use: Usual Amount?	Related to Arrests?  Yes/No/Unknown	Associated with Violence?  Yes/No/Unknown	Associated with Employment or Social Impairment (if yes, describe below)  Yes/No/ Unknown
Alcohol								
Marijuana								
Cocaine								
Opiates								
Stimulants								
Hallucinogens								
Inhalants								
Benzodiazepines								
Other:								
<b>Additional Comments:</b>								

**Intravenous Drug Use:**

**If Yes specify drug:**

**Pattern of use prior to current period of institutionalization:**

**History of s. 35 commitments:**

**If Yes, how many:**

**Past Substance Use Treatment including detoxification admissions (describe):**

**Current Insight into Alcohol/Drug Problems and relationship to violence:**

**Describe employment or social impairment associated with Alcohol / Drug use:**

<b>Substance Use Service History:</b> <i>(Include types of service: outpatient treatment, residential programs, inpatient/detoxification, etc, dates of service, reason, name of provider/agency and whether completed..)</i>

<b>Recovery Support:</b> <i>(Include support systems used by the patient such as AA, NA, DRA, sponsorship.)</i>

<b>Other Addictive Behaviors:</b> <i>(Including gambling, tobacco, etc.)</i>

<b>Longest Period of Abstinence:</b> <i>(Record the longest period in which the person abstained from substance use/addictive behavior.)</i>

<b>Psychosocial Substance Use Issues:</b> <i>(Include substance use by other family members or significant others, substance use related legal problems (DUI, OUI.)</i>

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**Substance Use Formulation and Recommendations:** *(Include readiness to change, impact of substance use on risk behaviors, interventions and treatment recommendations)*