Magellan HEALTHCARE®

Substance Abuse/Chemical Dependency Assessment

Client Name: _____   *Case #:* _____
(Located on the EAP billing form)

To be completed by clinician with client, or client's family member when screening indicates SA/CD issues

GENERAL SYMPTOMS OF CHEMICAL DEPENDENCY *(Check all that apply)*

Preoccupation ☐	Daily Use ☐	Guilt or remorse ☐	Tolerance ☐
Loss of control ☐	A.M. drinking ☐	Hiding supply ☐	Prescription abuse ☐
Blackouts ☐	Pre-drinking ☐	Sneaking use ☐	Use to reward self ☐
Unable to stop ☐	Binging ☐	Use to reduce stress ☐	

Elaboration (include triggering events): _____

PHYSICAL – WITHDRAWAL SYMPTOMS OF CHEMICAL DEPENDENCY

Tremors ☐	Delirium (DTs) ☐	Seizures ☐
High Blood Pressure ☐	Hepatitis ☐	Nosebleeds ☐
Ulcers ☐	Gastritis ☐	

Other Symptoms: _____

BEHAVIOR – PERSONALITY CHANGES ASSOCIATED WITH USE

Verbal abuse ☐	Social isolation ☐	Family concerned ☐
Physical abuse ☐	Labile mood ☐	Work concerned ☐
Excessive anger ☐	Depression ☐	Insomnia ☐
More/less social ☐	More relaxed ☐	Sexual performance ☐
Embarrassed by behavior during use ☐	Effects on morality or spirituality ☐	Un-kept promises ☐

Elaboration: _____

FINANCIAL AND LEGAL HISTORY

Wages garnished ☐	Bankruptcy ☐	Legal problems ☐
Repossessions ☐	Suspended license ☐	Collection agency involved ☐

Indicate dates of arrest if applicable:
DWI-DUI: _____   Possession: _____   Drug Sales: _____
Burglary: _____   Domestic Violence: _____   Other: _____
History of probation: _____

PROBLEMS IN JOB, SCHOOL OR OTHER ROLE FUNCTIONS

Attendance ☐	Deteriorating performance ☐	Promises to improve ☐	Tardiness ☐
Disciplined ☐	Mon or Fri absences ☐	Accidents/safety violations ☐	Argumentative ☐
Using at work/school ☐	Erratic behavior ☐		

TREATMENT HISTORY (Indicate dates of treatment)

Detoxification: _____   Outpatient: _____   Aftercare: _____
Other: _____   Inpatient: _____   Longest abstinence: _____

SUBSTANCE ABUSE/CHEMICAL DEPENDENCE HISTORY *(For client age 12 or over, please complete for each substance used including past use or substances not currently being used. Include over-the-counter medications, prescriptions, controlled substances, nicotine products, and alcohol.)*

☐ **Client reports past history of use but is now abstinent:** _____

Substance:	Amount	Frequency	Age began	Last used

OTHER ADDICTIONS

Eating ☐	Gambling ☐	Sexual ☐
Spending ☐	Codependency ☐	Other ☐

CHEMICAL DEPENDENCY ASSESSMENT SUMMARY

Chemical dependency apparent: Yes____   No____   Refer for evaluation of level of care: Yes____   No____
Chemical abuse apparent: Yes____   No____

_____
Clinician Signature   **Credentials**   **Date**