Magellan HEALTHCARE SM

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**

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