Healing Arts, LLC
Substance Abuse Assessment

Name_____ DOB_____ SS #_____DOPDS_____
Date_____

1. **Acute Intoxication/withdrawal Potential**

Age Substance Type Frequency Amount Route Last Use Duration

__ Alcohol_____
__ Benzo_____
__ Sleep Meds_____
__ Cocaine_____
__ Nicotine_____
__ Opiate_____
__ Cannabis _____
__ Heroin_____
__ Amphetamine_____
__ Hallucinogens_____
__ Methadone_____
__ Designer Drugs_____
__ Suboxone_____

Have you ever tried to stop on your own? yes___ no___
Has your use increased? yes___ no___
Do you use A or D to stop feeling sick? yes___ no___
Seizures, Hallucination. DT, suicidal thoughts? yes___ no___
Withdrawal Symptoms: yes___ no___

CAGE Questionnaire
• Have you ever felt you should Cut down on your drinking/drug use?___
• Have people Annoyed you by criticizing your drinking/drug use?___
• Have you ever felt bad or Guilty about your drinking/drug use?___
• Have you ever had a drink or used drugs first thing in the morning to calm your nerves or to get rid of a hangover (Eye opener)?___
Scoring:____ {1-4}

Diagnosis: _____

II. **Biomedical Conditions and Complications:**

Pregnant: yes___ no___ Have you ever been pregnant? yes___ no___ Outcomes: _____
Physician name: Telephone:
Medical History: Medical Issues:
Prescribed Meds:
Recent accidents/injuries:
Physical Disabilities:
Recent Hospitalizations:
Diagnosis:
PCP:

III. **Emotional and Behavioral Conditions:**

Feelings:
Psychological and Emotional Difficulties:
Prescribed Psych Meds:
History of Suicide Attempts:
Current or Recent Treatment Providers:
Recent Hospitalizations:
Diagnosis:
Psychiatrist:
Practice:
History of Violence:

IV. Readiness for Treatment:

Motivation:
12 Step Involvement:
DOT/SAP, Legal and DCYF History:
Pending Court date:
DUI arrests:
Past Arrests and Incarcerations:
Restraining Order or No Contact Order:

V. **Relapse Potential:**

Longest period of sobriety:
Longest period of sobriety in the last 6 months:
How has sobriety been maintained in the past?
Relapse History:
Relapse Triggers:
Biggest challenges in your sobriety:
Trauma History:
Inflicted abuse on others:

V. **Recovery Environment:**

Current Living Situation:
Significant Other:
Drug and Alcohol use in the home:
Family Relationship:
Friendships:
12 Step Support:
Children living in household: Childcare Support:
Religion and Spirituality:
Clubs, Hobbies, Interests:
Stressors: