Person's Name (First MI Last): Mary Ficticious (SAMPLE RECORD WITH A FICTICIOUS PERSON)	**Record #:** 108250	**Date of Admission:**
Organization/Program Name:	**DOB:**	**Gender:** ☐ Male ☐ Female ☐ Transgender

Has the Person Ever Used:	Age of First Use	Date of Last Use	Frequency	Amount	Method
☒ ***Alcohol***	*17*	*Last week*	☐ *No use past 30 days* ☒ *1-3x past 30 days* ☐ *1-2x/week* ☐ *3-6x/week* ☐ *Daily/Multiple times/day*	*a glass of wine*	☒ *Oral* ☐ *Smoked* ☐ *Inhaled* ☐ *Injected* ☐ *Other:*
☐ **Amphetamines/Stimulants**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		☐ Oral ☐ Smoked ☐ Inhaled ☐ Injected ☐ Other:
☐ **Barbiturates/Sedatives**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		☐ Oral ☐ Smoked ☐ Inhaled ☐ Injected ☐ Other:
☐ **Benzodiazepines**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		☐ Oral ☐ Smoked ☐ Inhaled ☐ Injected ☐ Other:
☒ **Caffeine**	11	This morning	☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☒ 3-6x/week ☐ Daily/Multiple times/day	1-2 cups	☒ Oral ☐ Smoked ☐ Inhaled ☐ Injected ☐ Other:
☐ **Crack/Cocaine**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		☐ Oral ☐ Smoked ☐ Inhaled ☐ Injected ☐ Other:
☐ **Hallucinogens**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		☐ Oral ☐ Smoked ☐ Inhaled ☐ Injected ☐ Other:
☐ **Heroin/Opiates/Oxycontin**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		☐ Oral ☐ Smoked ☐ Inhaled ☐ Injected ☐ Other:
☐ **Inhalants**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		☐ Oral ☐ Smoked ☐ Inhaled ☐ Injected ☐ Other:

☐ **Marijuana**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		☐ Oral ☐ Smoked ☐ Inhaled ☐ Injected ☐ Other:

Person's Name (First MI Last):				**Record #:**	
☒ **Nicotine/Tobacco**	17	today	☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☒ 3-6x/week ☐ Daily/Multiple times/day	1/2 to 1 pack a day (15-20 cigarettes)	☐ Oral ☒ Smoked ☐ Inhaled ☐ Injected ☐ Other:
☐ **Gambling**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		
☐ **Food**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		
☐ **Exercise**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		
☐ **Sex**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		
☐ **Internet/Social Media**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		
☐ **Other:**			☐ No use past 30 days ☐ 1-3x past 30 days ☐ 1-2x/week ☐ 3-6x/week ☐ Daily/Multiple times/day		☐ Oral ☐ Smoked ☐ Inhaled ☐ Injected ☐ Other:

Longest period of abstinence: 2 months

Substance Use/Addictive Behavior Service History

☐ **None Reported** - If None Reported, skip to the next question

Substance Use Treatment: (Check all that apply) ☐ Outpatient ☐ Residential ☐ Inpatient/Detox ☐ Court Mandated
☐ Other Treatment:

Type of Service	Dates of Service	Reason	Name of Provider/ Agency:	Completed
				☐Yes ☐No
				☐Yes ☐No
				☐Yes ☐No
				☐Yes ☐No
				☐Yes ☐No
				☐Yes ☐No

Toxicology Screen Completed: ☒ **No** ☐ **Yes – If Yes, Results:**

Other Addictive Behaviors: ☐ None reported ☐ Gambling ☒ Tobacco ☐ Food ☐ Exercise ☐ Sex ☐ Other:

American Society of Addiction Medicine (ASAM) Degree of Severity at Admission for the Following Dimensions
☐ NA

Dimension	Intoxication / Withdrawal Potential	Biomedical Conditions/ Complications	Emotional / Behavioral / Cognitive	Readiness to Change	Relapse / Continued Use Potential	Recovery Environment	Family Functioning (Youth Only)
	0 - ☐ None 1 - ☐ Low 2 - ☒ Moderate 3 - ☐ High 4 - ☐ Severe	0 - ☐ None 1 - ☐ Low 2 - ☒ Moderate 3 - ☐ High 4 - ☐ Severe	0 - ☐ None 1 - ☐ Low 2 - ☒ Moderate 3 - ☐ High 4 - ☐ Severe	0 - ☐ None 1 - ☐ Low 2 - ☒ Moderate 3 - ☐ High 4 - ☐ Severe	0 - ☐ None 1 - ☐ Low 2 - ☒ Moderate 3 - ☐ High 4 - ☐ Severe	0 - ☐ None 1 - ☐ Low 2 - ☒ Moderate 3 - ☐ High 4 - ☐ Severe	0 - ☐ None 1 - ☐ Low 2 - ☐ Moderate 3 - ☐ High 4 - ☐ Severe

For Persons considering an Opiate Treatment Program-complete this box ☒ **Not Applicable**

If under age 18 dates of two attempts to quit prior to today
Evidence of tolerance to an Opiod
Multiple and daily self-administration of an Opiod.
Evidence of two or more proofs of narcotic dependence: ☐ urine ☐ needle marks ☐ withdrawal symptoms ☐ evidence from physical exam ☐ written history ☐ lab test

Other Comments Regarding Substance Use (Include SU by other family members/significant others, SU related legal problems, and stage of treatment information): Mary mentioned that she has mixed feelings when she thinks about her tobacco use. She reported that she "knows she should quit" so that she can "be a better example for my patients ... and my children." She states that she has had uncessful quit attempts in the past which discourage her from trying again. Mary stated that she does not smoke infront of her children, in their home, or in their car, as she does not want them exposed to secondhand smoke.

Person's Signature (Optional, if clinically appropriate)	**Date:**	**Parent/Guardian Signature** (If appropriate):	**Date:**
Clinician/Provider - Print Name/Credential:	**Date:**	**Supervisor - Print Name/Credential** (if needed):	**Date:**
Clinician/Provider Signature:	**Date:**	**Supervisor Signature** (if needed):	**Date:**
Psychiatrist/MD/DO (If required):	**Date:**		