**Substance Use Disorder New Patient Intake Template**

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| **Patient Demographics:** | |
| **Patient Name:** |  |
| **Date of Birth:** |  |
| **Age:** |  |
| **MRN:** |  |
| **Referral Source** |  |

Chief Complaint:

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| **History of Present Illness** |
| [Patient Name] is a [age] yo \*\*\* who is being seen and evaluated for substance use disorder.  **HPI:**  First Substance(s) used:  Age at first substance used:  Progression of use:  **Current Use:**  **(**Substance(s) used/Amount Used/Frequency of Use/Route of Use):  Nicotine Use:  Complete Substance History:  **Alcohol:** Never used/ type used/ amount used/ duration of use/ frequency of use/ route of use (intranasal, inhaled, injected, ingested, other)/ current use :  **Cannabinoids (natural/THC/marijuana or synthetic/K2)** Never used/ type used/ amount used/ duration of use/ frequency of use/ route of use (intranasal, inhaled, injected, ingested, other)/ current use :  **Opioids (oxycodone, heroin, kratom):** Never used/ type used/ amount used/ duration of use/ frequency of use/ route of use (intranasal, inhaled, injected, ingested, other)/ current use :  **Sedatives (Benzodiazepines, barbitruates)**  **Hallucinogens (LSD, mushrooms/psilocybin):** Never used/ type used/ amount used/ duration of use/ frequency of use/ route of use (intranasal, inhaled, injected, ingested, other)/ current use :  **Club Drugs and Synthetics(GHB, GHB derivatives, MDMA, molly, etc):** Never used/ type used/ amount used/ duration of use/ frequency of use/ route of use (intranasal, inhaled, injected, ingested, other)/ current use :  **Dissociative:** Never used/ type used/ amount used/ duration of use/ frequency of use/ route of use (intranasal, inhaled, injected, ingested, other)/ current use :  **Stimulants (cocaine, methamphetamine, khat, cathinones/bath salts, other amphetamines):** Never used/ type used/ amount used/ duration of use/ frequency of use/ route of use (intranasal, inhaled, injected, ingested, other)/ current use :  **Medical / Legal / Social Problems from Substance Use:**  **Treatments for Substance Use Engagement in the past:**  **Medication/Rehab/Detox/IOP/etc.**  **Outcomes from each treatment episode:**  **Longest amount of sober time achieved for each substance:** |

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| **History:** |
| **Social History:**  Living Situation:  Insurance status:  Current Relationships:  Using Friends/Acquaintances/Family Members :  Sober Supports:  Employment Status:  Education:  Transportation Barriers:  Food Stability:  **Family History:**  Family history of alcohol or substance use disorder:  Family history of mental illness:  **Past Medical History:**  **Psychiatric History**  Diagnoses:  Treatment:  Current symptoms:  History of hospitalizations  History of suicide attempts:  **Allergies:** \*\*\* |

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| **Current Medications:** |
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| **Review of Systems:** |
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| **Physical Exam:** | |
| **Vitals:** |  |
| **Constitutional:** |  |
| **Eyes:** | Pupils: |
| **ENMT:** |  |
| **Neck:** |  |
| **Respiratory:** |  |
| **Cardiovascular:** | Murmurs: |
| **Gastrointestinal:** | Bowel sounds: distension: |
| **Musculoskeletal:** |  |
| **Skin:** | Injection sites/scars/abscesses/venous sclerosis/ piloerection |
| **Neurologic:** |  |
| **Psychiatric:** |  |
| **Lymphatic:** |  |

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| **Results:** | |
| **Pertinent Lab Results:** | \*\*\* |

New Jersey Prescription Monitoring Program results : \*\*\*

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| **Assessment and Plan:** |
| [Patient Name] is a \*\*\* yo \*\*\* with a PMH of \*\*\*, who was seen and evaluated for \*\*\* use disorder. Assessment and recommendations are as follows:  Patient meets the criteria for \*\*\* use disorder with the following in the last 12 months:  (DSM 5 Criteria)  Plan:  \*\*\*   * Naloxone Spray 4mg, prn overdose, #1 (two-pack), 3 refills |