**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 hospitalizationsHistory 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
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