

SURNAME _____

OTHER NAMES _____

DATE OF BIRTH _____

SEX _____

UR NUMBER _____

DATE _____

TIME _____

Reason for presentation

.....

Alcohol, tobacco and other drug use history: Tell me about your alcohol, tobacco and other drug use in the last 4 weeks (28 days).

Drug	Specific information (eg type, quantity in various measures)	How many days used in last 28	Average amount used on these days (standard measure)	Route	Date and Time last used
Alcohol			g/day		
Amphetamines			\$/day		
Benzodiazepines			mg/day* (diazepam equivalents)		
Cannabis			g/day **		
Heroin			\$/day		
Other Opioids			mg/day# (oral morphine equivalent)		
			mg/day (oral morphine equivalent)		
Tobacco			cigarette/day **		
Other					

* diazepam dose equivalent: diazepam 5mg = oxazepam 30mg = alprazolam 0.5mg = nitrazepam 5mg = lorazepam 1mg = clonazepam 0.5mg = temazepam 10mg.

« one cannabis 'j bag' or 'money bag' = approx 2g; 1 ounce = approx 30g; one 'cone' = approx 0.1g

30mg oral morphine = 10mg IV morphine = 1mg SL buprenorphine = 0.5mg IV buprenorphine = 20mg oral oxycodone = 10mg IV oxycodone = 200mg oral codeine = 7.5+mg methadone = 300mg oral/IV tramadol.

** one 'tailor made' cigarette = 0.5g tobacco.

Further History

Heroin and other opioids

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Benzodiazepines

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Stimulants

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Surname: _____
 Other names: _____
 DOB: _____ Sex: M F
 UR Number: _____

THC (including synthetics)

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Alcohol

.....

Tobacco

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Hallucinogens/ Inhalants / Other

.....

Past or current withdrawal symptoms

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Medical history

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Date LMP / Pregnancy Status

Mental health history

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Suicide Attempts

last 2 years

Other

Surname: _____
 Other names: _____
 DOB: _____ Sex: M F
 UR Number: _____

ICD-10 criteria for dependence syndrome - In the last 12 months		Yes	No
1.	Did you have any strong desire or sense of compulsion to use <i>substance</i> ? ('craving')		
2.	Did you find it difficult or impossible to control your use of <i>substance</i> ?		
3.	Did you experience withdrawal symptoms after going without <i>substance</i> for a while?		
4.	Did you use <i>substance</i> to relieve or avoid withdrawal symptoms?		
5.	Did you notice that you required more <i>substance</i> to achieve the same physical or mental effects? ('tolerance')		
6.	Did you increasingly neglect other pleasures or interests in favour of using <i>substance</i> ?		
7.	Did you persist with using <i>substance</i> , despite clear evidence of harmful consequences?		

Dependence indicated if **3 or more** of the symptoms are present.

Does the client meet the criteria for dependence? Yes No

If Yes, record specific substance: _____

PHYSICAL EXAMINATION

Demeanour

Normal Yes No Sedated Yes No Disinhibited Yes No Hyperactive Yes No

Comments: _____

Mental state (*features of*)

Intoxication Yes No Depression Yes No Psychosis Yes No
 Anxiety Yes No Delirium Yes No Cognitive impairment Yes No

Comments: _____

Pulse _____ BP _____ / _____ Respiratory rate _____ Pupil size (mm) Left _____ Right _____
 Height _____ Weight _____ Body Mass Index _____

Surname: _____
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General

				Comments
Jaundice	<i>Absent</i>		<i>Present</i>	
Anaemia, signs of	<i>Absent</i>		<i>Present</i>	
Cyanosis, signs of	<i>Absent</i>		<i>Present</i>	
Trackmarks	<i>Absent</i>		<i>Present</i>	
Yawning	<i>Absent</i>		<i>Present</i>	
Slurred speech	<i>Absent</i>		<i>Present</i>	
Drizzling	<i>Absent</i>		<i>Present</i>	
Itching/scratching	<i>Absent</i>		<i>Present</i>	
Evidence of weight loss	<i>Absent</i>		<i>Present</i>	
Scars	<i>Absent</i>		<i>Present</i>	
Bruises	<i>Absent</i>		<i>Present</i>	
Mouth/dentition	<i>Absent</i>		<i>Present</i>	
Lymphadenopathy	<i>Absent</i>		<i>Present</i>	
Facial vascularisation	<i>Absent</i>		<i>Present</i>	
Conjunctival vascularisation	<i>Absent</i>		<i>Present</i>	
Parotid enlargement	<i>Absent</i>		<i>Present</i>	
Spider naevi	<i>Absent</i>		<i>Present</i>	
Peripheral oedema	<i>Absent</i>		<i>Present</i>	
Muscle wasting	<i>Absent</i>		<i>Present</i>	
Muscle tenderness	<i>Absent</i>		<i>Present</i>	
Gynaecomastia	<i>Absent</i>		<i>Present</i>	
Lacrimation	<i>Absent</i>		<i>Present</i>	
Rhinorrhoea	<i>Absent</i>		<i>Present</i>	
Piloerection	<i>Absent</i>		<i>Present</i>	
Sweating	<i>Absent</i>		<i>Present</i>	

Neurological

				Comments
Tremor (<i>arms extended, elbows slightly flexed and fingers spread</i>)				
No tremor				
Fine tremor (<i>can be seen or felt finger tip to finger tip</i>)				
Moderate				
Severe, even with arms not extended				

Eyes

Nystagmus	<i>Absent</i>		<i>Present</i>	
Diplopia	<i>Absent</i>		<i>Present</i>	

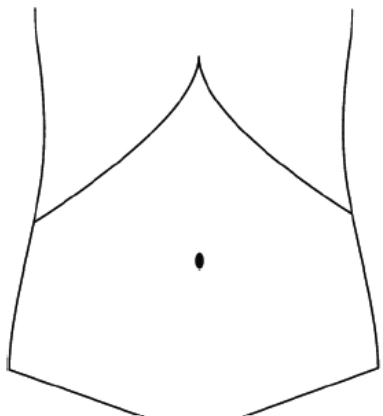
Reflexes

Upper limb	<i>R Normal</i>		<i>R Abnormal</i>	
	<i>L Normal</i>		<i>L Abnormal</i>	
Lower limb	<i>R Normal</i>		<i>R Abnormal</i>	
	<i>L Normal</i>		<i>L Abnormal</i>	

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				Comments
Sensory				
Vibration (<i>lower limbs</i>)	<i>R Normal</i>		<i>R Abnormal</i>	
	<i>L Normal</i>		<i>L Abnormal</i>	
Sensation (<i>lower limbs</i>)	<i>R Normal</i>		<i>R Abnormal</i>	
	<i>L Normal</i>		<i>L Abnormal</i>	
Other neurological signs				
Gait	<i>Normal</i>		<i>Abnormal</i>	
Balance	<i>Normal</i>		<i>Impaired</i>	
Romberg's	<i>Negative</i>		<i>Positive</i>	
Coordination	<i>Normal</i>		<i>Abnormal</i>	
Other (<i>describe</i>)				

Abdominal signs



Liver

Spleen

Other

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				Comments
Respiratory				
Breath sounds	<i>Normal</i>		<i>Impaired</i>	
Added sounds	<i>Absent</i>		<i>Present</i>	
Cardiovascular				
Heart sounds	<i>Normal</i>		<i>Abnormal</i>	

Other significant physical findings

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Brain injury risk factors:

- Age 50+ and ≥2 of:
 - >100 grams of alcohol daily for ≥3 months prior to admission
 - poor nutrition
 - significant liver disease
- Wernicke's Encephalopathy
- Traumatic head injury necessitating hospitalisation for concussion
- Opioid overdose with loss of consciousness for >5 minutes
- Noted (preferably corroborated) deterioration in memory (when sober)

If >2 indicators refer to psychologist for further assessment.

ACTIVE PROBLEMS

Diagnosed drug dependence

Diagnosed drug abuse

Medical

Psychiatric

Cognitive

Socio-environmental

Suicide Risk Low Medium High

Risk Alert sheet completed: Yes No

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PLAN

- Buprenorphine/naloxone maintenance
 - Naltrexone
 - OP buprenorphine - assisted withdrawal
 - Amphetamine Pharmacotherapy
 - Other (specify).....
 - Starting dose and stabilisation regime.....
-
- Methadone maintenance
 - Alcohol pharmacotherapy
 - OP symptomatic withdrawal medication
-
- Script expiry date...../...../.....
 - Treatment contract signed
 - Consent forms completed
 - Letter to GP
-
- Medical review appointment made: Yes No
 - DDU authority completed. No: S18A/...../.....
 - Medication effects/side effects explained

Investigations

- CBE
 - UEC/LFTs
 - INR
 - Hep BsAg, HepBsAb, coreAb
 - Pregnancy Pos Neg
 - Other (specify).....
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- Hep C Ab
 - PCR ± genotype
 - HIV Ab
 - Hep A IgG
 - ECG

REFERRALS

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OTHER

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DOCTOR'S SIGNATURE

DOCTOR'S NAME