MEDICAL RECORD	CONSULTATION SHEET

REQUEST

TO: SUBSTANCE ABUSE REHABILITATION PROGRAM	FROM: (Requesting physician or activity)	DATE OF REQUEST

REASON FOR REQUEST: *(Complaints and findings)*

This_____ year old, _____ (marital status), male / female, active duty / family member / retiree, _____ (rank), _____ (service),

with_____ year(s) active service, was referred for a substance abuse evaluation due to:

PROVISIONAL DIAGNOSIS:

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL	☐ ROUTINE ☐ TODAY ☐ 72 HOURS ☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES ☐ NO ☐ PATIENT EXAMINED YES ☐ NO ☐ TELEMEDICINE YES ☐ NO ☐

CHIEF COMPLAINT: Regarding problems, the patient said "

HISTORY OF SUBSTANCE USE:

SUBSTANCE	AGES USED	AMOUNTS	FREQUENCY
			_____times per_____

Last alcohol or substance use (date and amount):

Recent withdrawal symptoms:

Tobacco use:

Amount _____ PPD. Age started _____

Withdrawal symptoms _____. Attempts to limit use:

SIGNATURE AND TITLE	DATE

HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT	DEPART. /SERVICE OF PATIENT
RELATIONSHIP TO SPONSOR	SPONSOR'S NAME	SPONSOR'S ID NUMBER *(SSN or Other)*

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name – last, first, middle; ID No (SSN or other); Sex; Date of Birth; Rank/Grade.)*	REGISTER NO.	WARD NO.

CONSULTATION SHEET
Medical Record
STANDARD FORM 513 (REV. 4-98)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
NAVMED O/P 5353/14 (5-2003)

BIOPSYCHOSOCIAL INDICATORS OF A SUBSTANCE USE PROBLEM

Substance Abuse:

Recurrent substance use causing a failure to fulfill obligations at work, school or home, as evidenced by:

Recurrent substance use in hazardous situations:

Recurrent substance related legal problems:

Continued use despite having persistent or recurrent social or interpersonal problems:

Substance Dependence:

Needs increased amount to achieve the same effect, or decreased effect with use of the same amount, as evidenced by:

Withdrawal evidenced by circled items: shakes, sweats, sleep problems, restlessness, seizures, hallucinations, nausea/stomach problems.

Substance taken in larger amounts or over a longer period than intended:

Desire or unsuccessful efforts to cut down or control use:

Excessive time spent obtaining, using or recovering from substance use:

Social, work or leisure activities given up due to substance use:

Substance use in spite of awareness it aggravates physical or psychological problems:

RELEVANT PAST HISTORY:

Childhood was:

Family psychiatric or substance abuse history:

Spiritual history:

MEDICAL HISTORY (from Outpatient Medical Record review):

Pertinent history of physical problems:

Mental health problems and treatment (including substance abuse treatment):

Current medications and doses:

MENTAL STATUS EXAM:

Grooming problems _____ Motor aberrations _____ Speech aberrations _____

Manner _____ Mood _____ Affect _____

Thought process and content aberrations _____

Hallucinations _____ Cognitive functioning problems _____

Problems with insight / judgement / impulse control _____

Suicidal ideation/plan _____

Homicidal ideation/plan/target _____Contract for safety_____

FORMULATION/ASAM PPC:

1. Withdrawal risk is: low / medium / high.
   Describe if medium or high:

2. Bio-medical issues:

3. Emotional or behavioral issues:

4. Readiness to change: very low/ low/ moderate/ moderately high/ high.
   Describe:

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name – last, first, middle; ID No (SSN or other); Sex; Date of Birth; Rank/Grade.)*	REGISTER NO.	WARD NO.

FORMULATION/ASAM PPC (CONTINUED):

5. Potential for further substance related incidents: very low / low / moderate / moderately high / high.
   Describe:

6. Issues of concern regarding recovery environment:

7. Is this visit deployment related? Yes____ No____

DIAGNOSES:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V: GAF = _____ (current)

RECOMMENDATIONS:

1. Substance abuse treatment is: indicated / not indicated.

a) The level of treatment recommended is: Impact / Outpatient / Intensive Outpatient / Residential

b) Treatment may be scheduled by calling SARP

2. Other recommendations:

a)

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