REFERRAL ASSESSMENT

Patient Name:_____ **Date:**_____

Patient ID #:_____

There are times when a relapse continues despite sobriety support, quit day plans, identifying warning signs, and relapse prevention planning. These situations may need to be addressed outside the Alcohol and Drug treatment system. We want to make sure you get all the help you need to stop using alcohol and drugs.

Are you currently experiencing any of the following issues:

G Yes G No	Mental Exhaustion	Describe:	
G Yes G No	Being Withdrawn	Describe:	
G Yes G No	Excessive Sleeping	Describe:	
G Yes G No	Inability to Sleep	Describe:	
G Yes G No	Loss of Appetite	Describe:	
G Yes G No	Excessive Eating	Describe:	
G Yes G No	Betting on sports/lottery	Describe:	
G Yes G No	Memory Difficulties	Describe:	
G Yes G No	Excessive use of lists	Describe:	
G Yes G No	Stealing things for no reason	Describe:	
G Yes G No	Loss of Sex Drive	Describe:	
G Yes G No	Short Temper	Describe:	
G Yes G No	Rapid Thinking	Describe:	
G Yes G No	Hearing Sounds	Describe:	
G Yes G No	Thinking about dying	Describe:	
G Yes G No	Cutting self/ burning self	Describe:	
G Yes G No	Thinking about hurting others	Describe:	
G Yes G No	Experienced Road Rage	Describe:	

Do you have any history of:			Is there a family history of:		
Depression	G Yes G No		G Yes	G No	G Not Sure
Anxiety	G Yes G No		G Yes	G No	G Not Sure
Paranoia	G Yes G No		G Yes	G No	G Not Sure
Eating Disorders	G Yes G No		G Yes	G No	G Not Sure
Psychosis	G Yes G No		G Yes	G No	G Not Sure
Obsessions/ Compulsions	G Yes G No		G Yes	G No	G Not Sure
Gambling Concerns	G Yes G No		G Yes	G No	G Not Sure
Bi-Polar Moods	G Yes G No		G Yes	G No	G Not Sure
Suicidal Behavior	G Yes G No		G Yes	G No	G Not Sure
Violent Behavior	G Yes G No		G Yes	G No	G Not Sure

RETURN TO WEBSTEPS COORDINATOR

Time Out: _____ **Time In:** _____

REFERRAL ASSESSMENT

There are several reasons why a person may need to see a mental health provider. Think about things that are happening around your relapses that may need to be assessed by someone outside of IHC.

1. _____

2. _____

3. _____

How could you benefit from a visit to a mental health provider?

_____

_____

_____

We want to make sure that you are healthy and that there are no medical reasons for your relapses.

Do you have a Doctor? _____When was your last check up? _____

Are you currently experiencing any of the following issues:

G Yes	G No	Pain in your Liver	Describe:
G Yes	G No	Yeast showing up in UA results	Describe:
G Yes	G No	Headaches that start with stress	Describe:
G Yes	G No	Chest pains	Describe:
G Yes	G No	Infections that don't heal	Describe:
G Yes	G No	Pain in your stomach	Describe:
G Yes	G No	Swelling of calves or ankles	Describe:
G Yes	G No	Redness in hands/ feet	Describe:
G Yes	G No	Feeling Confused or Disoriented	Describe:
G Yes	G No	Pain in your lower back	Describe:

Do you have a history of the following Health Issues:				Is there a family history of:			
Hepatitis A, B, or C	G Yes	G No		G Yes	G No	G Not Sure	
Heart Condition	G Yes	G No		G Yes	G No	G Not Sure	
High Blood Pressure	G Yes	G No		G Yes	G No	G Not Sure	
Endocarditis	G Yes	G No		G Yes	G No	G Not Sure	
Kidney Problems	G Yes	G No		G Yes	G No	G Not Sure	
Skin Infections	G Yes	G No		G Yes	G No	G Not Sure	
Diabetes	G Yes	G No		G Yes	G No	G Not Sure	
Pancreatitis	G Yes	G No		G Yes	G No	G Not Sure	

RETURN TO WEBSTEPS COORDINATOR

Time Out: _____ **Time In:** _____

REFERRAL ASSESSMENT

STD's	G Yes		G No			G Yes	G No	G Not Sure			
Head Trauma	G Yes		G No			G Yes	G No	G Not Sure			
Epilepsy	G Yes		G No			G Yes	G No	G Not Sure			

There are several reasons why a person may need to see a doctor. Think about things that are happening around your relapses that may need to be assessed by a doctor outside of IHC.

1. _____

2. _____

3. _____

How could you benefit from a visit to a doctor?

_____

_____

_____

Describe your current living situation (circle):

Dangerous	Very Stressful	Stressful	Calm	Supportive
○	○	○	◉	○

Do people in your current living situation know you have a drug problem? _____

How is your home supportive of your recovery?

_____

_____

_____

_____

Do any of your close friends have a problem with alcohol or drugs? Yes ☐ No ☐

How are your friends supportive of your recovery?

_____

_____

_____

RETURN TO WEBSTEPS COORDINATOR

Time Out: _____ **Time In:** _____

REFERRAL ASSESSMENT

Do any of the people you work with/ go to school with have a problem with alcohol or drugs? Yes ☐ No ☐

How are people at work/ school supportive of your recovery?

_____

_____

_____

Do you feel that you need more support in your recovery? Yes ☐ No ☐

Have you attended 12 step meetings? Yes ☐ No ☐

How do you feel about 12 step programs?

_____

_____

How do you feel about sponsorship?

_____

_____

How do you feel about fellowship?

_____

_____

RETURN TO WEBSTEPS COORDINATOR

Time Out: _____ **Time In:** _____