PerformCARE®

Substance Use Treatment Initial Assessment

Please type. Assessment will not be reviewed without the completed consent form.

Provider Name:					
Assessor Name/Credentials:					
CYBER #		**Youth Name:**		**DOB:**	
County:			**Consent Included:**	☐ Yes ☐ No	
Has CMO involvement been discussed with the family for Level 3.5 or 3.7:				☐ Yes ☐ No	
Last grade completed?		**Currently in school?**		☐ Yes ☐ No	
Actual date of admission? (Start Date)					
What level of care are you requesting youth enter?					
☐ **Level 1** ☐ **Level 2.1** ☐ **Level 2.5** ☐ **Level 3.5** ☐ **Level 3.7** ☐ **Level 3.7WM** ☐ **SJI** ☐ **CWRP**					
Substance Use Diagnosis:					
Behavioral Health Diagnosis:					
Substance Use Treatment History: (Please add dates if known)					
Hospital:					
Residential:					
IOP:					
OP:					
Detox:					
Other:					

Substance Use History				
	Route of Administration and Use	Date of First Use	Date of Last Use	Frequency, Amount, Duration
Alcohol				
Amphetamines				
Barbiturates				
Benzodiazepines				
Cannabis				
Cocaine				
Hallucinogens				
Inhalants				
K-2 (Synthetic Cannabis)				
Nicotine				
Opiates				
OTC Drugs				
Other				

Please indicate current or past history of withdrawal for only the drug(s) youth is reporting using:

<u>Cannabis Withdrawal/DSM-5</u>

Are you experiencing or have you ever experienced the following signs or symptoms from **NOT** using?

Irritability ☐ **Current** ☐ **Past History**

Aggression ☐ **Current** ☐ **Past History**

Anxiety ☐ **Current** ☐ **Past History**

Weight Loss ☐ **Current** ☐ **Past History**

Depressed Mood ☐ **Current** ☐ **Past History**

Shakiness/Tremors ☐ **Current** ☐ **Past History**

Chills ☐ **Current** ☐ **Past History**

Headache ☐ **Current** ☐ **Past History**

Sleep Difficulties (Insomnia, Dreams, etc) ☐ **Current** ☐ **Past History**

Anger ☐ **Current** ☐ **Past History**

Nervousness ☐ **Current** ☐ **Past History**

Decreased Appetite ☐ **Current** ☐ **Past History**

Restlessness ☐ **Current** ☐ **Past History**

Abdominal Pain ☐ **Current** ☐ **Past History**

Sweating ☐ **Current** ☐ **Past History**

Fever ☐ **Current** ☐ **Past History**

CIWA-AR - Clinical Institute Withdrawal Assessment for Alcohol-Revised

Are you experiencing or have you ever experienced the following signs or symptoms from **NOT** drinking?

Nausea	☐ **Current**	☐ **Past History**	**Vomiting**	☐ **Current**	☐ **Past History**
Tremors	☐ **Current**	☐ **Past History**	**Paroxysmal Sweats**	☐ **Current**	☐ **Past History**
Anxiety	☐ **Current**	☐ **Past History**	**Tactile Disturbance**	☐ **Current**	☐ **Past History**
Agitation	☐ **Current**	☐ **Past History**	**Auditory Disturbance**	☐ **Current**	☐ **Past History**
Headache/Fullness in head	☐ **Current**	☐ **Past History**	**Visual disturbance**	☐ **Current**	☐ **Past History**
Orientation & Clouding Of Sensorium	☐ **Current**	☐ **Past History**			

CINA - Clinical institute Narcotic Assessment Scale

Are you experiencing or have you ever experienced the following signs or symptoms from **NOT** using?

Pains in your Abdomen	☐ **Current**	☐ **Past History**	**Feeling Hot or Cold**	☐ **Current**	☐ **Past History**
Nausea	☐ **Current**	☐ **Past History**	**Vomiting**	☐ **Current**	☐ **Past History**
Muscle Cramps	☐ **Current**	☐ **Past History**	**Goose Flesh**	☐ **Current**	☐ **Past History**
Nasal Congestion	☐ **Current**	☐ **Past History**	**Restlessness**	☐ **Current**	☐ **Past History**
Tremors	☐ **Current**	☐ **Past History**	**Lacrimation (Tears)**	☐ **Current**	☐ **Past History**
Sweating	☐ **Current**	☐ **Past History**	**Yawning**	☐ **Current**	☐ **Past History**

Please describe withdrawal signs or symptoms noted from drugs other than the 3 types discussed above: Let's remember PAWs (Post-Acute Withdrawal Syndrome). You may not initially see these symptoms for weeks, however, for example, if a youth has been in detention for a month or so, you could see PAW.

1. Medical: Serious chronic medical conditions that are negatively affected by youth's use of drugs and/or alcohol. Example: youth has asthma and continued use of marijuana can aggravate the illness, or Diabetes---alcohol. (Annual Dental or ophthalmologist checkups, do not meet criteria for either 3.5 or 3.7 LOC). What medical problems is the youth experiencing? Please identify all medical or physical health conditions. Please explain how the use of alcohol and/or drugs adversely impacts any of these:

2. Emotional/Behavioral/Cognitive: Please describe any emotional, behavioral or cognitive issues that are adversely impacting the youth's recovery efforts: Is youth experiencing moderate or unpredictable risk of imminent harm to self or others; unstable emotional; behavioral; or cognitive problems negatively affecting recovery efforts? Be specific with the problems.

3. Social functioning: Please describe any symptoms the youth is experiencing that impair his/her social functioning and require this level of care. Please consider youth's judgment, peer group associations and decision-making skills. Is youth experiencing moderate to severe symptoms that seriously impair social functioning and cannot be managed in a less intensive level of care? Be specific. What problems is the youth experiencing?

4. Stage of change: Please describe the youth's current stage of change. Please consider the youth's own words and own explanations of his/her substance use and the link to adverse consequences. Where is youth in relation to the stages of change…does youth see substance use as a problem, or is he complying because of the possibility of negative consequences?

5. Continued use: Please describe the probability of the youth's continued use without receiving this treatment. Please consider youth's recognition of substance use related problems and other intrinsic factors. What is the probability of continued use? Can youth stop using and maintain abstinence? Would a lower level of care be sufficient to stabilize youth's condition? Has youth related the problems to substance use? Has youth accepted the need to change?

6. Recovery environment: Please describe the youth's environment for recovery as supportive or not supportive. Please consider such factors as friend/family/peer influence and also the quality of support. Is youth's environment drug free and supportive of recovery or is it chaotic and ineffective in supporting or sustaining recovery? Is there family or others affecting youth's recovery efforts? Is youth's home environment dangerously chaotic or abusive?

7. Level of care: Please explain why the youth requires treatment at the requested level of care. Please comment on why the youth cannot benefit from treatment at a lower intensity?

Please provide detailed clinical justification supporting youth entering the level of care you are requesting. Please submit ASAP so youth's review can be completed and approved. Thank you.