**Consumer Name:**       **Incident Date:**       **UIRMS #:**

1. What is the specific substance use related disorder diagnosis?

When was the diagnosis made?      , and by whom?

If no diagnosis was made, please note that.

1. Has the consumer been recently discharged from a residential facility for substance use?

[ ]  Yes [ ]  No. If Yes, please provide: Facility Name:      , Admission date:      , and Discharge date:      .

1. What was the consumer’s medication (psychiatric and medical - including Medication Assisted Treatment) adherence?

1. Were medications requiring blood levels monitored? [ ]  Yes [ ]  No [ ]  Not applicable

If yes, what were the results? [ ]  Within therapeutic range [ ]  Abnormal

1. What substance use interventions were listed on the consumer’s treatment plan?

[ ]  Random UDS [ ]  Coping skills [ ]  Relapse triggers education [ ]  Psychotropic medications [ ]  AA/NA with sponsor [ ]  Medication-assisted Treatment [ ]  Counseling [ ]  Other, specify:

1. Was the consumer abstinent from all substances? [ ]  Yes [ ]  No

If not, what interventions were implemented?

What was the date of the last urine drug screening test?       and what were the results? [ ]  Negative [ ]  Positive

1. Describe the use of the Prescription Monitoring Program (PMP) upon admission and/or during any other part of the consumer’s treatment. Please explain what was done.

1. Describe the level of participation by the consumer with regards to the substance use interventions (e.g., compliant with UDS, attends program, participates in group, adherent to medications, continues to use, etc.).

1. Describe any recent or increase in stressors and what interventions were implemented.

[ ]  Family issues - Interventions:

[ ]  Employment issues - Interventions:

[ ]  Health issues - Interventions:

[ ]  Legal issues - Interventions:

[ ]  Family issues - Interventions:

[ ]  Housing issues - Interventions:

[ ]  Loss of relationship - Interventions:

[ ]  Other, specify       - Interventions:

1. Describe any evidence of recent increased substance use within the past 30 days.

[ ]  No evidence noted [ ]  Positive UDS [ ]  Recent relapse [ ]  Other, specify

1. Did the consumer have a relapse prevention plan?

[ ]  Yes [ ]  No. If yes, was it implemented? [ ]  Yes [ ]  No. If not, please explain:

1. Describe any communication between this program and other providers (substance use, mental health, primary care, etc.).