SUD Pre-Affidavit Screening

MUST BE COMPLETED/SCREENED WITHIN 24 HOURS OF CONTACT	
Date & Time of Call requesting Screening: Date (mm/dd/yy): Time: ☐ AM / ☐ PM	**If CMHC is unable to complete the SUD PAS, an explanation must be provided for why not:**

Date PAS Completed:	**Location of Interview:**
In Person: ☐ Yes ☐ No **If not, explain:**	
In Jail currently: ☐ Yes ☐ No **If yes, explain:**	
Mobile Crisis Involvement: ☐ Yes ☐ No	**Pending Felony Charges:** ☐ Yes ☐ No
Priority Population: **Currently pregnant:** ☐ Yes ☐ No **IV Drug User:** ☐ Yes ☐ No **Pregnant with Dependent Children:** ☐ Yes ☐ No	

Source of Information: ☐ **Proposed Person** ☐ **Interested Person/Relative** ☐ **Chart Review** ☐ **Other**

PROPOSED PERSON BASIC DEMOGRAPHICS

Name:		**DOB:**	**Age:**
Race: ☐White ☐Black or African American ☐ Hispanic ☐American Indian ☐Asian ☐Pacific Islander ☐Other			
SS#:	**Insurance:** ☐ Yes ☐ No: ☐ Medicaid ☐ Medicare ☐ Commercial		
Address:		**City:**	
County:	**State:**	**Zip:**	**Phone Number:**
Gender: ☐ Male ☐ Female		**CMHC Region:**	

INTERESTED PERSON/RELATIVE

Interested Person/Relative Name:		**Relation to Proposed Person:**	
Address:		**City:**	
County:	**State:**	**Zip:**	**Phone Number:**

REASON FOR REQUEST

Describe behaviors that are concerning and indicate the need for assessment (Include dates and times if known):

PROPOSED PERSON LIVING ARRANGEMENTS

Current Living Situation: ☐ Alone ☐ Family/Friend ☐ Group Home ☐ Homeless ☐ Other:	
Stability of Current Living Situation: ☐ Stable ☐ Unstable	**At Risk of Homelessness:** ☐ Yes ☐ No
Lives w/ Minor Children: ☐ Yes ☐ No	**Name & Age of Child 1:**
Has Visitation Rights to Minor Children: ☐ Yes ☐ No	**Name & Age of Child 2:**
Proposed Person has a legal guardian/conservator: ☐ Yes ☐ No	**Name of legal guardian/conservator:**

PROPOSED PERSON EMPLOYMENT

Employed: ☐ No ☐ Yes	**Employer/Position:**
Employment Status: ☐ Full-Time (35+ hours/wk.) ☐ Part-Time (20-34 hours. /wk.) ☐ Temporary ☐ Seasonal	
If NOT Employed: ☐ Not Looking ☐ Actively Seeking ☐ Interested Not Looking	
Last Job Held & When:	**Longest Held Employment (time frame):**

PROPOSED PERSON EDUCATION / DEVELOPMENTAL

Highest Grade Completed: Grade: ____ ☐ HS or GED ☐ Technical ☐ Associate ☐ Some College ☐ Bachelor's ☐ Master's ☐ Doctorate ☐ Professional (MD, law, etc.)	**Have an IEP when attending school:** ☐ Yes ☐ No
Assessed by psychometrist: ☐ Yes ☐ No **Known Results:**	
History of SPED Ruling: ☐ Yes ☐ No **If yes, describe:**	
Documented IQ <70: ☐ Yes ☐ No **If yes, describe:**	
Documented sub-avg Intellectual Functioning deficits before age 18: ☐ Yes ☐ No **If yes, describe:**	

Specific Observed Adaptive Functioning Deficits: ☐ Yes ☐ No **If yes, describe:**

PROPOSED PERSON SUBSTANCE USE

Currently Using: ☐ No ☐ Yes

Substance	Current Use	Past Use	Amount	Frequency	Age of First Use
Caffeine	☐	☐			
Nicotine	☐	☐			
Alcohol	☐	☐			
Marijuana	☐	☐			
Anti-Anxiety	☐	☐			
Opioids	☐	☐			
Synthetics	☐	☐			
Amphetamines	☐	☐			
Cocaine	☐	☐			
Hallucinogenic	☐	☐			
Prescription Meds	☐	☐			
Inhalants	☐	☐			
OTC Meds	☐	☐			
Other	☐	☐			

History of legal charges related to substance use: ☐ Yes ☐ No If yes, describe:

Has your use interfered with work, relationships, or responsibilities? ☐ Yes ☐ No If yes, describe:

Have others expressed concern about your alcohol or drug use? ☐ Yes ☐ No If yes, describe:

Has your use caused health complications? ☐ Yes ☐ No If yes, describe:

Has the individual attempted to cut down or stop alcohol and drug use? ☐ Yes ☐ No If yes, describe:

ALCOHOL AND DRUG TREATMENT HISTORY

Outpatient SUD Treatments Locations & Dates (Most Recent at Top)	**1.**
	2.
	3.
Inpatient SUD Treatments Locations & Dates (Most Recent at Top)	**1.**
	2.
	3.

Has the Proposed Person had 2+ inpatient admissions in the past 12 months? ☐ Yes (noted above) ☐ No

Does the Proposed Person appear intoxicated or in withdrawal at the time of the assessment? ☐ Yes ☐ No
If yes, describe:

PHYSICAL PROBLEMS THAT APPLY

Increased Tolerance: ☐ Yes ☐ No	**Experiences with withdrawal:** ☐ Yes ☐ No
Hangovers: ☐ Yes ☐ No	**Heart Ailments:** ☐ Yes ☐ No
Liver Disease: ☐ Yes ☐ No	**Blackouts:** ☐ Yes ☐ No
Stomach Ulcers: ☐ Yes ☐ No	**Other:**

RELEVANT MEDICAL HISTORY

Cardiovascular/Respiratory	☐ Chest Pain	☐ Hypertension	☐ Hypotension	☐ Palpitation	☐ Smoking
Genital/Urinary/Bladder	☐ Incontinence	☐ Nocturia	☐ Urgency	☐ UTI	☐ Retention
Gastrointestinal/Bowel	☐ Heartburn	☐ Diarrhea	☐ Constipation	☐ Laxative Use	☐ Ulcers
	☐ Nausea	☐ Vomiting	☐ Incontinence		
Nervous System	☐ Headaches	☐ Dizziness	☐ Seizures	☐ Concentration	☐ Memory
	☐ TBI/LOC				
Musculoskeletal	☐ Back Pain	☐ Stiffness	☐ Arthritis	☐ Mobility/Ambulation	

Gynecology	☐ Pregnant	☐ Pelvic Inflam. Disease	☐ Menopause	☐ Other
Endocrine	☐ Diabetes	☐ Thyroid	☐ Other	
Respiratory	☐ Bronchitis	☐ Asthma	☐ COPD	☐ Other

MEDICAL STATUS & TREATMENT HISTORY

Currently Under PCP Care: ☐ Yes ☐ No	**Days Last Seen:** ☐ <90 ☐ 90-180 ☐ 180-1yr ☐ >1yr
Name of PCP:	**Clinic & Address:**

Current and Previous Medical Conditions	**1.**
	2.
	3.
	4.
	5.

Known Allergies: ☐ NKA ☐ Medication: ☐ Food:

Medical Hospitalization History & Dates	**1.**
	2.

Tobacco Use: ☐ No ☐ Yes **Type:** ☐ Cigarettes ☐ Dip ☐ Chew ☐ Snuff **Vape:** ☐ No ☐ Yes

Current Communicable Diseases: ☐ HIV/AIDS ☐ Hep A ☐ Hep B ☐ Hep C ☐ TB ☐ MRSA ☐ Influenza ☐ Head Lice ☐ Scabies ☐ Body Lice ☐ Chlamydia ☐ Gonorrhea ☐ Syphilis ☐ HPV ☐ Herpes ☐ Other:

Any Known Physical Disabilities:

PSYCHIATRIC HISTORY

Outpatient Treatments Locations & Dates (Most Recent at Top)	**1.**
	2.
	3.
	4.
Inpatient Treatments Locations & Dates (Most Recent at Top)	**1.**
	2.
	3.
	4.

Has the Proposed Person had 2+ psychiatric hospital or emergency room admissions in the past 12 months? ☐ No ☐ Yes (noted above)

Psychological Tests, Who Conducted & Dates:

Current Medications	Dosage & Date/Time Last Taken	Medication Helpful/Problematic
1.		
2.		
3.		
4.		

MINI-MENTAL STATUS EXAM

Oriented to:

What is today's **DATE**?

What is the **TIME** or What is the **TIME** of day (morning, afternoon, evening)?

What meal do you eat in the morning/evening?

Where are you right now (**PLACE**)? (State, Country, City)

Inform person going to state three words to recall later (pause 1 second between each): **Book, Apple, Nail** – have the defendant repeat

Spell **WORLD** backwards: ☐ **D** ☐ **L** ☐ **R** ☐ **O** ☐ **W**

Count **backward** by 7's, starting at 100: ☐ **100** ☐ **93** ☐ **86** ☐ **79** ☐ **72** ☐ **65**

Ask person to recall the three words. Could they remember all words? ☐ No ☐ Yes Could **Not** Recall the Following: ☐ **Book** ☐ **Apple** ☐ **Nail**

What do you understand the **reason** for our meeting today to be?

RISK FACTORS

Severity of Substance Use

☐ High Levels of Physical Dependence
☐ History of Withdrawal Complications
☐ Frequent or Heavy Use Despite Consequences
☐ IV Drug Use or Use of High-Risk Substances

Medical Instability

☐ Medical Conditions Worsened by Substance Use
☐ Co-occurring Infections
☐ Need for Medical Detoxification or Monitoring

Psychiatric Risk

☐ Co-occurring Mental Illness
☐ Suicidal/Homicidal Ideation
☐ Poor Reality Testing, Paranoia, Hallucinations
☐ History of Psychiatric Hospitalizations

Cognitive and Functional Impairment

☐ Inability to Manage Activities of Daily Living
☐ Disorganized Thinking or Impaired Decision-Making
☐ Poor Judgement and Insight

Danger to Self or Others

☐ Overdose Risk
☐ Aggressive, Violent, or Unpredictable Behavior
☐ Self-Harm or Neglect of Basic Needs
☐ Recent Incidents of Endangering Others while Under the Influence

Failed Outpatient Treatment

☐ Multiple Relapses After Outpatient Treatment
☐ Lack of Progress or Worsening Symptoms Despite Outpatient Services
☐ Poor Adherence to Outpatient Recommendation

Unstable Living Environment

☐ Homelessness or Unsafe Housing
☐ Lack of Sober Supports or Supervision
☐ Living with Other Individuals who Use Substances

Legal and Social Pressure

☐ Court Mandates or CPS Involvement
☐ Loss of Child Custody, Housing, or Job if continues Use
☐ Risk of Incarceration if Treatment is not Completed
☐ Currently on Probation or Parole

Insight and Motivation

Does the individual Acknowledge Having a Substance Use Problem? ☐ Yes ☐ No

Perception of Substance Use (Check One)

☐ Not a Problem ☐ Unsure if a Problem ☐ Some Problem ☐ Significant Problem ☐ Severe Problem ☐ Actively Wants Help

SUICIDE ASSESSMENT

History or Present Danger to Self: ☐ No ☐ Yes (If YES, mark appropriate statements below)

☐ Thoughts of Suicide	☐ Threats of Suicide	☐ Plan for Suicide	☐ Pre-Occupation with Death	☐ Suicide Gesture
☐ Suicide Attempts	☐ Family History of Suicide	☐ Self-Mutilation	☐ Inability to care for self	☐ High Risk Bx
☐ Provoking harm to self from others	☐ Other (Describe):			

Prior Attempts: ☐ No ☐ Yes	Close Family or Friend Complete Suicide: ☐ No ☐ Yes
Approximate Date(s):	Approximate Date:
Method of Attempt:	Method of Suicide:
Prior Attempts: ☐ No ☐ Yes	Close Family or Friend Complete Suicide: ☐ No ☐ Yes
Approximate Date(s):	Approximate Date:
Method of Attempt:	Method of Suicide:

PHYSICAL APPEARANCE				
Aids	**Attire**	**Skin**	**Nails**	**Hair**
☐ Glasses	☐ Appropriate for season	☐ Clean	☐ Clean	☐ Clean
☐ Contacts	☐ Appropriate for occasion	☐ Dirty	☐ Dirty	☐ Dirty
☐ Hearing Aids	☐ Clean	☐ Bruised	☐ Not trimmed	☐ Disheveled
☐ Prosthetics	☐ Dirty	☐ Cust/Scrapes		**Teeth**
	☐ Torn/worn through	☐ Sores		☐ Clean
		☐ Tattoos		☐ Dirty
Unusual alterations or distinguishing features:				☐ Decay
				☐ Missing

BEHAVIORAL OBSERVATIONS			
MOTOR ACTIVITY			
Diminished	**Normal**	**Excessive**	
☐ Frozen	☐ Purposeful	☐ Restless	
☐ Catatonic	☐ Coordinated	☐ Squirming	
☐ Nearly Motionless		☐ Fidgety	
☐ Little Animation		☐ Constant Movement	
☐ Psychomotor Retardation		☐ Hyperactive	
Other Unusual Movement:			

SPEECH			
Slowed	**Normal**	**Pressured**	**Verbose**
☐ Sluggish	☐ Productive	☐ Rapid	☐ Non-stop
☐ Paucity	☐ Animated	☐ Fast	☐ Frequent Run-ons
☐ Impoverished	☐ Spontaneous	☐ Rushed	☐ Flight of Ideas
☐ Single Word Responses	☐ Smooth		☐ Hyper Verbal
Other Unusual Speech:			

THOUGHT PROCESSES		
Attention	**Insight**	**Preoccupations**
☐ Normal	☐ Good	☐ Somatic
☐ Unengaged	☐ Fair	☐ Children
☐ Distractible	☐ Poor	☐ Spouse/Significant Other
☐ Hyper Vigilant	☐ No Insight	☐ Job/Occupation
☐ Hyper Focused		☐ Self
Other Unusual Thought Process:		☐ Finances

AFFECT				
☐ Flat	☐ Blunted	☐ Constricted	☐ Normal	☐ Broad
Facial Expressions				
☐ Vacant	☐ Blank	☐ Strained		
☐ Pained	☐ Grimacing	☐ Smiling		
Other Unusual Affect or Facial Expressions:				

BEHAVIOR TOWARD EXAMINER		
☐ Defensive	☐ Argumentative	☐ Manipulative
☐ Evasive	☐ Easily Agitated	☐ Overly Agreeable
☐ Suspicious	☐ Irritable	☐ Unable to Engage Meaningfully in the Screening Process

What charts/records were reviewed while completing this pre-affidavit screening?

Summary & Recommendations Attestation

Based on the data gathered for the current Pre-Affidavit Screening, this interviewer attests to the following:

☐ It is **NOT** recommended that this proposed person receive a SUD civil commitment exam. **List specific reasons for recommending less restrictive alternatives to, or rejecting, a SUD involuntary commitment:**

1)	
2)	
3)	
4)	

Based on the data available for the current pre-affidavit screening, was a less restrictive alternative treatment considered?

☐ Yes ☐ No

☐ It **IS** recommended that this proposed person receive a SUD civil commitment exam. **If a less restrictive treatment was considered, specify why involuntary commitment is recommended and less restrictive treatment is not appropriate:**

1)	
2)	
3)	
4)	

_____ _____

Interviewer's Printed Name & Credentials Date

_____ _____

Interviewer's Signature & Credentials County where Affidavit is filed

_____

Interviewer's Agency