GENERAL		Stressors Triggers					
Start Time		Living with					
End Time		Legal HX					
Page Time		Abuse					
Triage Time		Work					
		Access to leth	Medication			Guns	
Sleep		Mood	Depressed	Anxious	Hopeless	Helpless	Guarded
Appetite			Labile	Irritable	Agitated	Withdrawn	Suspicious
		Motivation	Increase	Decrease	WNL		
		Energy	Increase	Decrease	WNL		

DTS	Y	N	Plan	Y	N	
Previous Attempts:						
DTO	Y	N	Plan	Y	N	
SIB	Y	N	Last Time			
AH	VH	D	Type			

Outpt Providers	
PCP	
Psychiatrist	
Therapist	
School	
Extra Curricular	

Substance Abuse	
Alcohol	
Amount/Frequency	
Age of 1st use	
Date/Time last use	
HX withdrawal	
HX substance TX	
Other substances	

Mental H. TX HX	
Hospitalizations	
Therapy	
CD tx	
Fam HX	
Medications	

Video Telehealth

To Start Call:
Double click on patients name on the schedule
It should automatically take you to the Care Team TAB
Under Care Team> Appointments>Connect to video

Introduce yourself- 'Hello, this is _____with Deaconess Crosspointe.'

Verify Patient Identity   ☐

Patient's current Location: Home ☐ Work ☐ Other location_____

***If patient is not located in Evansville, Indiana or the surrounding area,(Must be Indiana) inform the patient that we do not provide services in their area and advise them to follow up with their local community mental health provider or PCP.**

SI/HI? ☐ If yes, please advise patient they need to come in for in person visit. If patient is in imminent risk and alone, contact 911.

Psychosis? ☐ If yes, please advise patient they need to come in for in person visit

PresentingConcern_____
_____

☐ Provide Referrals: Options include, but not limited to:

- Mental Health Urgent Care- Schedule appointment and provide to patient.

- DCP OP- Email Outpatient @ dcp-opfrontstaff@deaconess.com with patient's name and MRN and let them know patient needs a medication appointment and/or therapy appointment. Let patient know someone will be contacting them from outpatient with appointment date and time.

- Community Referral

☐ Plan of Care note: Complete Plan of Care note by using .videotelehealthreferral smartphrase.*** *If for any reason the patient's appointment was not completed ie they do not live in the surrounding area, then you do not need to complete a Plan of Care note*

☐ Note: Complete note by using .videotelehealthnote smartphrase. .*** *If for any reason the patient's appointment was not completed ie they do not live in the surrounding area, you only need to complete a progress note stating why the patient was not seen and that you referred them back to their local community mental health provider or PCP.*

Deaconess Cross Pointe
Evansville, Indiana

Substance Abuse Evaluation

CAGE Inventory

Have you ever felt as if you should **cut** down or stop using?_____

Have you ever been **annoyed** at people who criticized your using?_____

Have you ever felt **guilty** after using?_____

Has anyone close to you wished you would cut down or stop?_____

Have you ever had an **eye** opener?_____

Please circle the chemicals you have used lifetime.

Alcohol	Marijuana	Opiates	Amphetamines	Inhalants
GHB	Cocaine	Ecstasy	Methamphetamines	Hallucinogens
Tranquilizers	Rohyphnol	Steroids	Muscle Relaxers	Diet Pills

Other:_____

Substance with reported use:

Name of substance:_____Age of First Use_____ Last Use_____

Progression of Use:_____

Current Pattern: How much do you use when you use?_____

How often do you use?_____

Name of substance:_____Age of First Use_____ Last Use_____

Progression of Use:_____

Current Pattern: How much do you use when you use?_____

How often do you use?_____

Name of substance:_____Age of First Use_____ Last Use_____

Progression of Use:_____

Current Pattern: How much do you use when you use?_____

How often do you use?_____

Name of substance:_____Age of First Use_____ Last Use_____

Progression of Use:_____

Current Pattern: How much do you use when you use?_____

How often do you use?_____

Longest Period within last 12 months you have gone without using anything?_____

When?_____

History of withdrawal symptoms? _____ Any current withdrawal symptoms?_____

Shakes, sweats, nausea, vomiting, diarrhea, irritability, chest pain, flu like symptoms, hallucinations, muscle cramps, headaches_____

_____

Behavioral Changes associated with using:

Tolerance changes: Up Down Daily	Solitary Use	Fears about using
Preoccupation with using	Paranoia	Feeling you need it and/or depended on it
Drug Seeking	Aggression	Change in social activities
Dealing	Lying	Loss of control over amount used
Prostitution	Breaking promises	Stealing to support habit
Missing school / work	Black Outs	Personality Changes

Prior treatments?_____

Any other symptoms or information:_____

_____

T-5311 (1-19)