Conifer Park Patient PreCert Guide

Patient Name (Last, First) | Date

Date of Birth (MM/DD/YYYY) | Insurance ID #

Select Precipitating Event --

Explain Event(what caused or occurred in patient's life to cause them to seek treatment at this time?)

Vital Signs

Temp | Pulse

B.P. | Resp.

B.A.C | Notes

Presenting Withdrawl Symptoms?

Check Pertinent Boxes for Symptoms Displayed

- ☐ Tremors
- ☐ Diaphoresis
- ☐ Current Cravings
- ☐ N/V
- ☐ Elevated Vitals
- ☐ Piloerection
- ☐ Flushed Skin
- ☐ Diarrhea
- ☐ Headache
- ☐ Anxiety
- ☐ Agitation

Other

Chemical History *(include last use, frequency, amounts, onset of initial use, etc.)*

Chemical	Onset of Use	Quantity/How much	Frequency/How Often
Alcohol			
Cocaine/Crack			
Marijuana			
Heroin			
Other			

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Current Medical Issues

Current Medications
(Rx Name, Dosage, Frequency, Date of Last Dose)

PAWS
Post Acute Withdrawal Symptoms

- ☐ Cravings
- ☐ Anxiety
- ☐ Impulsivity
- ☐ Irritability
- ☐ Sleep Disturbance (explain below)

Other

Biomedical Conditions Exacerbated by Chemical Use

Check Condition	*Notes/Explanation*
☐ Loss of Appetite	
☐ Chest Pains	
☐ Nose Bleeds	
☐ Seizures	
☐ Chronic Flu Symptoms	
☐ Other	

Current MSE

Appearance	◯ Well-groomed	◯ Discheveled	◯ Bizarre	◯ Inappropriate		
Attitude	☐ Cooperative	☐ Guarded	☐ Suspicious	☐ Uncooperative	☐ Belligerent	
Motor Activity	◯ Calm	◯ Hyperactive	◯ Agitated	◯ Tremors/Tics	◯ Muscle Spasm	
Mood	☐ Euthymic	☐ Depressed	☐ Anxious	☐ Euphoric		
Affect	◯ Appropriate	◯ Labile	◯ Constricted	◯ Inapporpriate	◯ Blunt	◯ Flat
Speech	☐ Normal	☐ Delayed	☐ Soft	☐ Loud		
	☐ Pressured	☐ Perseverating	☐ Incoherent	☐ Slurred		
Thought Process	◯ Intact	◯ Circumstantial	◯ Tangential	◯ Flight of Ideas	◯ Loosening of Associations	
Thought Content	☐ Hallucinations	☐ Present	☐ Not Present	☐ Visual	☐ Olfactory	☐ Auditory
	☐ Delusions	☐ Present	☐ Not Present	☐ Persecutory	☐ Being Controlled	
	☐ Grandiose	☐ Thought Insertions	☐ Thought Withdrawal			
Self Perceptions	◯ No Impairment	◯ Depersonalization	◯ Derealization			

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History of Suicide

- [ ] Thoughts
  - Last Thought?
  - Current Thought?
- [ ] Plans
- [ ] Attempts
  - If Yes, When?
  - How Attempted?
  - Hospitalization?

History of Violence Under the Influence? --

- [ ] Verbal
- [ ] Physical

History of Homicidal Ideation Current? --

Please Describe When/Situation

History of Depression/Acting Depressed? --

Dx When?

Method(s) of Tx?

Recent/Current Feelings?

- [ ] Decreased Sleep
- [ ] Hopelessness
- [ ] Isolation
- [ ] Lacking Appetite

Other

Psych History/Hospitalizations

Where	When	Why	Tx Acceptance or Resistance Internal or External Motivation

Prior CD History

Where	Inpatient or Outpatient	When/Duration of Tx	Outcome

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Prior AA History

When	How Often	Does Pt. Have Home Group?	Does Pt. Have a Sponsor
		☐ YES ☐ NO	☐ YES ☐ NO
		☐ YES ☐ NO	☐ YES ☐ NO

Identify Issues Precluding Pt from going to OPC

Describe Pt Relapse History

Describe Pt Support System

Is Pt Being Victimized in Any of the Following Ways?

☐ Verbally ☐ Mentally
☐ Physically ☐ Sexually

Identify Relapse Stressors

Check Condition	*Notes/Explanation*
☐ Family	
☐ School	
☐ Job	
☐ Legal	
☐ Financial	
☐ Emotional	
☐ Health Issues	
☐ Other	

Family History of Substance/Alcohol Abuse

Check Relative w/ Issue	*Select What Substance(s)*	
☐ Mother	--	--
☐ Father	--	--
☐ Grandparent	--	--
☐ Aunt(s)	--	--
☐ Uncle(s)	--	--
☐ Brother(s)	--	--
☐ Sister(s)	--	--

Job/Occupation History

☐ Job Jeopardy	
☐ Warnings	
☐ Missed Time	
☐ Worked Under the Influence	

☐ Co-Workers or Supervisors Approached Pt Regarding Alcohol on Breath?

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Legal History

- ☐ Probation
- ☐ Charges
- Describe Charges
- When Did Incident Occur
- Pending Court Date

Education/Schooling

- ☐ High School Diploma
- ☐ Community College
- ☐ GED
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ PhD
- Comments and Additional Information

DIAGNOSIS

- ☐ **AXIS I** List Diagnosis
- ☐ **AXIS II** List Diagnosis
- ☐ **AXIS III** List Diagnosis
- ☐ **AXIS IV:** Psychosocial and Environmental Problems *(See DSM IV AXIS IV List/Circle all that apply)*
- ☐ **AXIS V:** Global Assessment of Functioning *(See DSM IV GAF Scale)*

CURRENT (Functioning at Time of Evaluation)

PAST YEAR (Level of Functional Over Past Year)

Print Form