

Sample Clinical Assessment Form^t

Client Information	
Surname:	Given name(s):
Date of birth:	PHN:
Medical history (including mental health and substance use)	
<hr/> <hr/> <hr/>	
Substance use	
Type:	Amount:
Frequency:	
<hr/> <hr/> <hr/>	
<p><i>Note: Concurrent use of alcohol and other CNS depressants (e.g., benzodiazepines, opioids) is associated with a significantly increased risk of overdose. Where possible, clients should receive a comprehensive assessment of substance use. For individuals with co-occurring substance use or substance use disorders, clinical judgment should be used, with priority given to substances associated with risk of severe withdrawal, and clients educated on the risks of concurrent use.</i></p>	
Typical alcohol consumption	
<p>Number of drinking days in the past 7 days:</p>	
<p>On a typical day: What type of alcohol do you drink? (Circle all that apply)</p>	
Beer	Wine
Sherry	Spirits
Non-beverage	
<p>How much (of each type)? _____</p> <hr/>	
<p>Total daily intake^u:</p>	

^t Adapted with gratitude from PHS Community Services Society

^u Use standard drinks calculator: <http://aodtool.cfar.uvic.ca/index-stdtdt.html>

Alcohol-related harms

In the past 3 months, client has experienced:

- Alcohol withdrawal symptoms, including alcohol-related seizures
- Non-beverage alcohol use
- Alcohol-related falls or injuries
- Alcohol-related ER visits
- Passing out / losing consciousness from alcohol
- Survival drinking strategies (e.g., panhandling, recycling, sharing with friends)

Assessment for withdrawal risk, AUD, and AUD severity

PAWSS Score:

Optional:

AUD diagnosis and severity:

Number of DSM-5-TR symptoms:

Hazardous or harmful drinking (AUDIT score):

AUD severity (SADQ score):

Eligible for managed alcohol: Yes No

Client's baseline behavior (to be used to assess over-intoxication at time of provision):

Comments:

Completed by: _____ Signature: _____ Date: _____