

## Assessment and Medical Examination

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Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_\_  
DD/MM/YY

PHN: \_\_\_\_\_ Family MD: \_\_\_\_\_ File #: \_\_\_\_\_

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Chief Concern:

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History of Present Illness and Substance Abuse History:

Substance	Amount Used Day/Week/Month	Route IV/Other	Age First Used	Date Last Used DD/MM/YY

Drug Costs/day: <\$50; \$50-\$100; \$100-\$200; >\$200      Financing drug use: medication coverage plan  
(including AHRE/AISH/VA); cash; illegal; sex

Past Treatment Attempts:

(Abstinence  
History) \_\_\_\_\_

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Medications:

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Allergies: \_\_\_\_\_

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Psych Hx: \_\_\_\_\_  
(overdose, suicide, mini mental exam)

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P Med Hx: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Hx:  
Education: \_\_\_\_\_  
Living Sit: \_\_\_\_\_

Surg Hx: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Support System: \_\_\_\_\_  
\_\_\_\_\_

Family Hx: \_\_\_\_\_  
(incl chem hx) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employ Hx: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal Hx: \_\_\_\_\_  
\_\_\_\_\_

Domestic/Sexual \_\_\_\_\_  
Abuse: \_\_\_\_\_  
\_\_\_\_\_

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<b>Screening:</b>	<b>Yes</b>	<b>No</b>	<b>Result</b>	<b>Date</b>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hep C	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Last Pap	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Preg Test	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ECG	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
RPR	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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<b>Immune Status:</b>	<b>Immune</b>	<b>Not Immune</b>	<b>Immunization Counselling Provided</b>
Hep A	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hep B	<input type="checkbox"/>	<input type="checkbox"/>	_____

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**Review of Systems:**

EENT \_\_\_\_\_  
CVS \_\_\_\_\_  
CNS \_\_\_\_\_  
STD \_\_\_\_\_  
GYNE: G:    P:    A:

RESP \_\_\_\_\_  
GI \_\_\_\_\_  
ENDO \_\_\_\_\_  
GU \_\_\_\_\_

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Ht \_\_\_\_\_    Wt \_\_\_\_\_    BP/HR \_\_\_\_\_    T \_\_\_\_\_

Track  
Marks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signs of Recent  
Opioid Use\_ ie. Injection  
site abscess \_\_\_\_\_  
\_\_\_\_\_

Signs/Sx of  
Withdrawal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Meets Criteria for:**  
Substance Dependence  
to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Readiness to Change:**  
Precontemplative

Contemplative

Preparation

Substance Abuse  
of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action

Relapse

Maintenance

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**Summary/Clinical Impressions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment Plan:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_