**PAATHS**

**Bureau of Addictions Prevention, Treatment and Recovery Support Services**

**Boston Public Health Commission**

**Detox Assessment**

Referral Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials [] JB [] YC [] MC [] NO

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Drug(s) of Choice**-First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Second\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Third\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average Daily Use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Detox \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you restricted from any detox? Y ( ) N ( ) Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Medical Problems**

[] Asthma [] Allergies (If yes, please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[] Diabetes [] Cirrhosis

[] High Blood Pressure [] Pancreatitis

[] Hepatitis

[] Other (If yes, please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pregnant Y ( ) N ( )

Are you on any medications? Y ( ) N ( )

If yes, do you have refills? Y ( ) N ( ) If no, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a PPD/Chest X-Ray in the last 6 months? Y ( ) N ( ) Results: Positive [] Negative []

**Mental Health History**

Any suicidal thoughts or attempts in the last 30 days? Y ( ) N ( )

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Post Detox Treatment**

Are you interested in aftercare?Y ( ) N ( )

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**Notes**

Medical Clearance Needed Y ( ) N ( ) Psychiatric Clearance Needed Y ( ) N ( )

Outcome: [] Placed [] NBA [] Education/Support [] Eloped [] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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