

HSCRC-regulated space Substance Abuse Treatment Model Redesign

Referral/Screening Tool

Name: _____

DOB: _____

Referral Date: _____

1. Is the individual willing to come to at least one of the following locations for services?

Johns Hopkins Bayview Medical Center (in southeast Baltimore)

Johns Hopkins Hospital in East Baltimore (close to downtown Baltimore)

Sinai Hospital (in northwest Baltimore)

2. What qualifying substance use disorder(s) does the individual have (check all that apply)?

Alcohol dependence (ICD-9 303.9)

Alcohol abuse (ICD-9 305.0)

Cocaine dependence (ICD-9 304.2)

Cocaine abuse (ICD-9 305.6)

Opioid dependence (ICD-9 304.0)

Opioid abuse (ICD-9 305.5)

Sedative dependence (ICD-9 304.1)

Sedative abuse (ICD-9 305.4)

3. How long has the individual received treatment for any or all of the qualifying substance use disorders?

Less than 1 month (Dates of last treatment: _____)

One to 6 months (Dates of last treatment: _____)

More than 6 months (Dates of last treatment: _____)

4. What type of treatment(s) has the individual received for any or all of the qualifying substance use disorders (check all that apply)?

- Intensive Outpatient or Outpatient Substance Abuse Treatment (including outpatient detoxification)
- Opioid Addiction Treatment in an Opioid Treatment Program (OTP) with methadone or buprenorphine
- Residential Substance Abuse Treatment
- Outpatient Treatment in a mental health clinic
- Acute inpatient treatment services (including detoxification and dual diagnosis treatment)
- Outpatient treatment in a primary care clinic or health center

5. What are the reasons for referral (check all that apply)?

- If receiving methadone: At least 3 months of positive toxicology test results, including for alcohol (attach test results).
- If not receiving methadone: At least 1 month of positive toxicology test results, including for alcohol (attach test results).
- Acute hospitalization for any reason within past 12 months (Dates: _____ Reason(s):_____)
- At least 2 emergency department visits for any reason within past 12 months
(Date: _____ Reason: _____ Date: _____ Reason: _____)
- Persistent, challenging biopsychosocial issues (provide description): _____

- Current significant medical conditions (attach completed Medical Condition Checklist)
- Significant psychiatric conditions or symptoms that cause significant psychological, personal care, and social impairment (attach completed Psychiatric Condition Checklist)

Medical Condition Checklist

- Individual has had an organ transplant
- Individual has an organ transplant healthcare provider
- Severe, persistent, chronic pain that has lasted at least 6 months and is affecting the individual's function
- Heart attack
- Heart failure
- Stroke
- Dementia
- COPD/emphysema
- Liver disease
- Diabetes
- AIDS/complicated HIV
- Cancer
- Wheel-chair bound or requiring special equipment to walk and function (e.g. oxygen, walker, cane)
- Kidney disease, on dialysis
- Autoimmune (Lupus or Sarcoidosis or Rheumatoid Arthritis)
- Stomach ulcer
- Other (Please describe): _____

Psychiatric Condition Checklist

- Severe schizophrenia of any type or schizoaffective disorder
- Recurrent major depression with or without psychotic features
- Severe bipolar disorder either Type I or Type II with or without psychotic features
- Severe, disabling anxiety disorder (e.g. PTSD or panic disorder)
- Severe cluster B personality disorder (e.g. antisocial or borderline personality)
- Psychiatric symptoms (Please describe):

Please describe significant psychological, personal care, and social impairment because of the psychiatric diagnoses and/or symptoms:
