Substance Dependence Assessment

Patient Name: Julie D. George

Date: August 15, 2023

Healthcare Practitioner: Dr. Franz Roberts

Clinic/Hospital: We Care Hospital

Section 1: Patient Information

Age: 31 years old

Gender: Female

Contact Information: 501-804-1980

Brief Medical History:

No significant medical history. Allergies: None.

Section 2: Substance Use History

1. List of Substances Used (Alcohol, Drugs, Medications, etc.): Frequency of Use, Quantity/ Dosage, Duration of Use.

Alcohol Daily 6-8 drinks/day 10 years
Cocaine Weekly 1 gram 5 years

2. Previous Attempts to Cut Down or Quit Substance Use:

Julie has tried cutting down alcohol use but has been unsuccessful. He has not attempted to quit cocaine use.

3. Have You Experienced Tolerance (needing more for the same effect)?

- [x] Yes
- [ ] No

4. Have You Experienced Withdrawal Symptoms?

- [x] Yes
- [ ] No

Withdrawal symptoms from alcohol: Shakes, irritability, sweating.

Withdrawal symptoms from cocaine: Fatigue, increased appetite, mood swings.

Section 3: Impact of Substance Use

1. Describe How Substance Use Has Affected Your:

- Physical Health:

Alcohol use has led to weight gain, sleep disturbances, and digestive issues. Cocaine use has caused nasal congestion, frequent headaches, and difficulty breathing.

- Mental Health:

Julie experiences anxiety and depression, especially during periods of cocaine withdrawal. Alcohol use exacerbates her mood swings.

- Relationships:

Her relationship with his family has strained due to his erratic behavior when using substances. Friendships have dwindled as well.

- Work/Study Performance:

Her work performance has declined due to frequent absenteeism and lack of concentration. She has received warnings from her employer.

- Legal/Financial Situation:

Julie has received two DUIs and has accumulated significant debt due to his substance use.

1. Have You Experienced Cravings or Strong Urges to Use?

☑ Yes

☐ No

Section 4: Readiness for Change

1. On a scale of 1 to 10, how motivated are you to address your substance use?
   (1 = Not motivated, 10 = Extremely motivated)

   Motivation Level: 8

2. What are your reasons for wanting to address your substance use?

Julie wants to improve her physical and mental health, repair relationships, excel at work, and regain financial stability.

Section 5: Additional Notes and Recommendations

Healthcare Practitioner's Notes:

Julie's substance use has had a significant negative impact on her overall well-being. She is motivated to make positive changes.

Recommended Treatment Plan:

A comprehensive treatment plan involving individual counseling, group therapy, and medical supervision to address withdrawal symptoms and provide support. Referral to a psychiatrist for assessment of mood disorders.

Referral to Specialist (if needed):

Psychiatrist for mood disorder evaluation. Dr. Joana Limenz

Section 6: Patient Consent and Signature

I acknowledge that the information provided above is accurate to the best of my knowledge. I understand that this assessment will assist in developing an appropriate treatment plan.

Patient Signature: **Date:** August 15, 2023

Healthcare Practitioner Signature: **Date:** August 15, 2023