231 S Wilson
Casper, WY 82601
P: 307-265-3791
F: 307-265-4480

Name:
Birthday:
Allergies:
Admission Date:
Care Team:
Location: Wyoming Recovery

Time:

Pre-Certification/Pre-Admission Screen Form

Evaluation Date

Presenting Factor for Treatment

Step Down From Detox

No ☐

If Yes, Where

When

Ambulatory (can you walk up to a block on your own)

Yes ☐

If No, Explain

Substance History

	First Used	Last Used	Frequency	Amount	Method
Alcohol					
Amphetamines					
Cocaine					
Crack					
Heroin					

Oxys/Roxys					
Percocets					
Xanax					
Klonopin					
Marijuana					
Kratom					

Other Drugs Used ☐ None

Name	First Used	Last Used	Frequency	Amount	Method

Have you tried to quit on your own?

Current Withdrawal Symptoms

☐ Denies	☐ Nausea	☐ Vomiting	☐ Anxiety	☐ Abdominal Cramps
☐ Sweats	☐ Tremors	☐ Chills	☐ Dizziness	☐ Muscle Aches
☐ Agitation	☐ Hypersensitivity	☐ Diarrhea	☐ Difficulty Breathing	☐ Nervousness
☐ Runny Nose	☐ Sleep Disturbance	☐ Poor Appetite		

Previous Treatment: include ASI, Mental Health, Substance Abuse, Outpatient Psychiatry, Therapy or Detox

☐ None

Date	Provider	Treatment	Duration/Frequency	Outcome
		DET, INPT, RES, OP		

		DET, INPT, RES, OP		
		DET, INPT, RES, OP		
		DET, INPT, RES, OP		
		DET, INPT, RES, OP		
		DET, INPT, RES, OP		

***Outcome Codes: 1=Successful Completion 2= AMA/APA 3=Discharged / Non-Compliant 4=Other

Longest Period of Sobriety

Medical Problems ☐ No — If Yes, describe

Chronic Pain Issues ☐ No — If Yes, describe

Current Physician

Current Medications and Dosages ☐ None

Mental Health Diagnosis (Past or Present)

Legal Issues (Past or Present) ☐ None

Family History of Substance Abuse or Mental Health ☐ None

History of Trauma (Physical, Sexual or Emotional) ☐ None

Occupation:

In Jeopardy Yes No N/A

Client Resides With

Are they Sober Yes No N/A

Family Problems None

If yes, describe problems

Have children? No If yes, how many?

ASI within the last 6 months? No If yes, when and where?

Risk Factors (Violence, Harm to Self, Pregnancy, Driving)

(Violence, Harm to Self, Pregnancy, Driving)

Is there a recommendation to admit the client? Yes No

If No, and a more intense level of treatment is indicated, where Client was referred to: N/A Where?