

RAPID ASSESSMENT TOOL: OUD/AUD
El Dorado Community Health Center-STEP Program
Phone: 530-556-2018
Fax: 530-903-4492

VITALS: (T) _____ (BP) ____/____ (HR) _____ (O2 SAT%) _____

COWS: _____

UTOX: _____

DRUG OF CHOICE: _____

- **LAST USE OF DOC:** _____
- **POLYSUB USE?** _____ **LAST USE:** _____
- **ETOH USE?** _____ **LAST USE:** _____

HISTORY OF USE WITH SUBOXONE: _____

- **LAST USE:** _____
- **RESPONSE TO SUB:** _____
- **RX OR STREET SUB:** _____

MENTAL HEALTH HISTORY

- **DIAGNOSES:** _____
- **PSYCH MEDS:** _____
- **THERAPY:** _____
- **PSYCHIATRIST:** _____
- **NEED REFERRAL :** _____

SUPPORT/RESOURCES

- **HOUSING:** _____
- **TRANSPORTATION:** _____
- **EMPLOYEED:** _____
- **FAMILY/CHILDREN/FRIENDS:** _____

(FEMALES) LMP: _____ **BIRTH CONTROL:** _____

LAB SHEET _____ **COMFORT MEDS:** _____ **HOME IND:** _____