

INSTITUTE FOR HEALTH AND RECOVERY - INTEGRATED SCREENING TOOL

***Fax the COMPLETED form to the patient's plan with the requested information**

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Absolute Total Care
Fax: 877-285-3226 | <input type="checkbox"/> BlueChoice Medicaid
Fax: 877-798-1028 | <input type="checkbox"/> Carolina Medical Homes
Fax: 803-509-5366 | <input type="checkbox"/> First Choice by Select Health
Fax: 866-533-5493 |
| <input type="checkbox"/> Palmetto Physician Connections
Fax: 888-781-4316 | <input type="checkbox"/> SC Solutions
Fax: 888-454-9152 | <input type="checkbox"/> UnitedHealthcare Community Plan
Fax: 866-456-6722 | <input type="checkbox"/> SCDHHS (Fee-for-Service)
Fax: 803-255-8342 |

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use, and domestic violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor.

Parents Did any of your parents have a problem with alcohol or other drug use?	YES			NO
Peers Do any of your friends have a problem with alcohol or other drug use?	YES			NO
Partner Does your partner have a problem with alcohol or other drug use?			YES	NO
Violence Are you feeling at all unsafe in any way in your relationship with your current partner?		YES		NO
Emotional Health Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?			YES	NO
Past In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?			YES	NO
Present In the past month, have you drank any alcohol or used other drugs? 1. How many days per month do you drink? ____ 2. How many drinks on any given day ? ____ 3. How often did you have 4 or more drinks per day in the last month? ____ 4. In the past month have you taken any prescription drugs?			YES	NO
Smoking Have you smoked any cigarettes in the past three months?			YES	NO

Review Risk Review Domestic Violence Resources Review Substance Use, Set Healthy Goals Consider Mental Evaluation

Advice for Brief Intervention

	Y	N	N/A
Did you State your medical concern?			
Did you Advise to abstain or reduce use?			
Did you Check patient's reaction?			
Did you Refer for further assessment?			

At-Risk Drinking	
Non-Pregnant	Pregnant/ Planning Pregnancy
<input type="checkbox"/> 7 drinks/week <input type="checkbox"/> 3 drinks/day	Any Use is Risky Drinking

Patient Referred to: DHEC Quit Line DMH DAODAS Private Provider (Name & NPI) Domestic Violence

Check applicable box(es)

Date Screened: Patient Refused Referral: Referral Not Warranted:

Medicaid Recipient #:

Practice Name: Practice NPI:

Screening Provider's Name:

For the best health of mothers and babies, we strongly recommend that pregnant women, or those planning to become pregnant, do not use alcohol, illegal drugs or tobacco. Safe levels of usage have not been determined.

Language:

Race:

Ethnicity: