

**Worksheet for Referrals to Acadia Hospital's Adult Intensive Outpatient Substance Abuse Program**

**Patient Name:** \_\_\_\_\_ **phone number:** \_\_\_\_\_  
**MR:** \_\_\_\_\_

**Section I**

*Diagnostic Criteria for Substance Dependency. (Dependency requires meeting 3 or more criteria on 1-7.)	Meets Criteria		Notes/supporting documentation
	Yes	No	
1) Tolerance, as defined by either of the following: a) A need for increased amounts of the substance to achieve desired effect <b>OR</b> b) markedly diminished effect with continued use of the same amount of the substance			
2) Withdrawal, as manifested by either of the following: a) Characteristic withdrawal symptoms observable and reported <b>OR</b> b) the same amount of the substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms			
3) The substance is often taken in larger amounts or over a longer period of time than intended			
4) There is a persistent desire or unsuccessful efforts to cut down or control substance use			
5) A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects			
6) Important social, occupational, or recreational activities are given up or reduced because of substance use			
7) The substance use continues despite knowledge of having a persistent or recurrent physical or physiological problem that is likely to have been caused or exacerbated by the substance			
<b>TOTAL (If 3 or more "yes" responses go to next section. If less than three "yes" responses patient does not meet criteria for direct referral)</b>			

**Section II**

	Yes	No	
8) Presenting with psychotic symptoms			
9) Presenting with symptoms of dangerousness to self or others			
10) Level of distress warrants further evaluation			
11) The patient has the ability to attend outpatient programming at Acadia Hospital (M-F)			
<b>If any shaded box is checked in section II, refer patient for evaluation in the ED by Acadia Consult Clinician. If no shaded boxes are checked and patient meets criteria for diagnosis of substance dependency (3 or more on section I), call Acadia Hospital Access Center (973-6048) and fax copy of checklist to 973-6107 and ask patient to arrive at Acadia for evaluation/admission to substance abuse services at 7:30 am any week day.</b>			

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date**