

Your  
Hospital's  
Logo  
Here

PATIENT IDENTIFICATION

# Integrated Biopsychosocial Summary

## Substance Abuse

### Section I: Diagnostic Impression / Indications for Hospitalization

Axis I		
Axis II		
Axis III		
Axis IV	Axis V	Estimated Length of Stay

### Current Problems - Indications for Hospitalization

<input type="checkbox"/> Evidence of current suicidal thinking, planning or attempt	<input type="checkbox"/> Danger to others (e.g., thought, threat, aggressive attempt)	<input type="checkbox"/> Inability to function outside of hospital	<input type="checkbox"/> Rapidly deteriorating psychiatric condition which fails to respond to outpatient treatment.
<input type="checkbox"/> Regression that needs to be treated in a hospital	<input type="checkbox"/> Need for continuous skilled observation of response to a newly initiated drug regimen	<input type="checkbox"/> Comprehensive therapy requiring close observation because of concomitant medical condition.	<input type="checkbox"/> Drug or alcohol abuse requiring detoxification and rehabilitation
<input type="checkbox"/> Severe withdrawal risk	<input type="checkbox"/> Unable to control use in less intensive treatment setting	<input type="checkbox"/> Severe withdrawal risk, can be managed in outpatient setting	<input type="checkbox"/> Resistance high enough to require structured program
<input type="checkbox"/> Requires 24-hour medical nursing care	<input type="checkbox"/> Environment dangerous for recovery	<input type="checkbox"/> Requires medical monitoring but not intensive treatment	<input type="checkbox"/> Environment unsupportive but with structure patient can cope

Signature and Printed Name of Physician Completing Section I	Date and Time
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### Section II: Medical Monitoring / Acute Intoxication and / or Withdrawal

Reference those areas which may need continued medical management. Include comments on withdrawal symptomatology & post-withdrawal organicity.

Signature, Title and Printed Name of Registered Nurse Completing Section II	Date and Time
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### Section III: Treatment Acceptance / Resistance and Relapse Potential

Include comments on the following: Does the patient recognize the severity of the illness? Does the patient show an understanding of the self-defeating nature of using chemicals? What will be the issues addressed in the therapeutic process? What are the cultural influences impacting on treatment?

Signature, Title and Printed Name of Registered Nurse Completing Section III	Date and Time
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**PART OF THE MEDICAL RECORD**

# Integrated Biopsychosocial Summary -- Substance Abuse

## Section IV: Emotional / Behavioral Conditions

Include comments on cognitive impairment, persistency of symptoms, psychiatric condition, compounding additional behaviors, sexual preference and sexual abuse (victim or perpetrator).

Signature, Title and Credentials of Registered Nurse Completing Section IV

Date and Time

## Section V: Biomedical Conditions

Include comments on co-existing medical problems or referral for more intensive medical services.

Signature, Title and Credentials of Registered Nurse Completing Section IV

Date and Time

## Section VI: Withdrawal / Treatment Acceptance / Resistance and Relapse Potential

Include comments on the following: interpersonal lifestyle, social / interpersonal problems complicating treatment, occupational / legal / leisure situation, familial situation, spirituality considerations, potential discharge plans (e.g., outpatient, AA, NA, etc.), involvement of significant others involvement of employer & follow-up for medical / emotional concerns.

Signature, Title and Credentials of Physician / Registered Nurse / Counselor Completing Section VI

Date and Time

**PART OF THE MEDICAL RECORD**

Integrated Biopsychosocial Summary -- Substance Abuse

**Substance Abuse  
Clinical Staffing**

**Section I, II, III: Unresolved Problems**

Clinical Update

Problem Number	Interventions	Target Date

**Section IV: Discharge Planning Update**

Problem Number	Interventions	Target Date

Signature, Title and Credentials of Registered Nurse	Signature and Credentials of Additional Reviewer
Signature and Credentials of Addiction Counselor	Signature and Credentials of Additional Reviewer
Signature and Credentials of Addiction Counselor	Signature and Credentials of Additional Reviewer
Signature and Credentials of Physician	Date and Time

**PART OF THE MEDICAL RECORD**

# Substance Abuse

<b>Master Problem List</b>				
Date Identified	Problem Number	Problem	Address on Master Treatment Plan	Noted No Action Required
<b>Section I: Diagnostic Impression / Indications for Hospitalization</b>				
	1		<input type="checkbox"/>	<input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>
<b>Section II: Medical Monitoring / Acute Intoxication and / or Withdrawal</b>				
	4		<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>
	6		<input type="checkbox"/>	<input type="checkbox"/>
<b>Section III: Treatment Acceptance / Resistance and Relapse Potential</b>				
	7		<input type="checkbox"/>	<input type="checkbox"/>
	8		<input type="checkbox"/>	<input type="checkbox"/>
	9		<input type="checkbox"/>	<input type="checkbox"/>
<b>Section IV: Emotional / Behavioral Conditions</b>				
	10		<input type="checkbox"/>	<input type="checkbox"/>
	11		<input type="checkbox"/>	<input type="checkbox"/>
	12		<input type="checkbox"/>	<input type="checkbox"/>
<b>Section V: Biomedical Conditions</b>				
	13		<input type="checkbox"/>	<input type="checkbox"/>
	14		<input type="checkbox"/>	<input type="checkbox"/>
	15		<input type="checkbox"/>	<input type="checkbox"/>
<b>Section VI: Withdrawal / Treatment Acceptance / Resistance and Relapse Potential</b>				
	16		<input type="checkbox"/>	<input type="checkbox"/>
	17		<input type="checkbox"/>	<input type="checkbox"/>
	18		<input type="checkbox"/>	<input type="checkbox"/>

**PART OF THE MEDICAL RECORD**