

ADDICTION TREATMENT FACILITY (ATF) PROFORMA

DEPARTMENT OF PSYCHIATRY, AIIMS KALYANI

UHID/CR NO.:

Registration Date:

ATF Patient Code:

Aadhar No. :

ATF Medicine Registration code:

Name: _____ Age: _____ Gender: M ☐ F ☐ TG ☐

S/o/D/o/W/o/: _____ Locality: Rural ☐ Urban ☐ Semi-urban ☐ Unclear ☐

Address (village): _____ District: _____ State: _____ Pin code: _____

Distance from AIIMS: _____ Contact no. _____ Occupation: _____

Marital status: Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed/Widower ☐

Education: _____ Type of family: Joint ☐ Nuclear ☐ Extended ☐

Income (per month): Rs. _____ Family income (per month) Rs. _____

Ref. by: Self ☐ / Psychiatrist ☐ / (Dept.) _____ Accompanied by: Self ☐ / others _____

Patient/Caregiver consent

There is no objection from patient or patient's representative/ caregivers on behalf of the patient

- If my data is used for research and academic purposes maintaining confidentiality and anonymity as per standard ethical practices
- If I myself or my attendant is given telephonic/what's app/email reminders related to aftercare services/research and other academic reasons at the phone number

নিম্নলিখিত শর্তে অনুমতি প্রদান করা হলো

- যদি সংশ্লিষ্ট আইন সম্পর্কিত বিধান অনুসরণ করে রোগীর বিবরণ রোগী পরিষেবা / গবেষণার উদ্দেশ্যে ব্যবহার করা হয়
- যদি আমার বা আমার প্রতিনিধিকেরোগী পরিষেবা / গবেষণার উদ্দেশ্যে টেলিফোন / হোয়াটসঅ্যাপ / ইমেইল ইত্যাদি মাধ্যমে যোগাযোগ করা হয়

Patient Signature/date

Caregiver signature /date

Informant details: _____

Nature of information: Reliable/ adequate/ unreliable/ inadequate

Chief complaints and/or Reason for referral:

Type of Substance/s (specify):

Types of substances	Age of Onset	Duration of Use	Duration of dependence	Average amount/day(in ml)(Time Spent/Day)*	Average Expense (in months)	Precipitating factor	Last use of substances	Course of illness
Alcohol AUDIT: Type:								
Opioids Type:								
Sedatives Type:								
Cannabis Type:								
Others a)(Bidi/Cig)								
b)Smokeless) FTNDS:								
Addictive Behaviour(s)								

*Course: Continuous, fluctuating, Episodic, Deteriorating, Improving

Features of dependence:

ICD-10: Compulsion, loss of control, Withdrawal, tolerance, neglect of alternative pleasures, use despite harm

DSM-V (SUD's): Prolonged use, Dyscontrol, Withdrawal, tolerance, neglect of alternative pleasures, increased time spent, use despite harm

Gambling disorder (DSM-V): Increase amount, irritable when attempt to quit, pre-occupied, gambles when distressed, chasing losses, lies to conceal extent, loss relationships/jobs, relies on others to provide money.

Gaming Disorder (DSM V): Preoccupation with gaming, need to spend more time, unsuccessful attempts to quit/reduce gaming, Giving up other previously enjoyed activities due to gaming, Continuing to game despite problems

Salient findings of HOPI:

Complications: Physical, Financial, Occupational, Marital, Social, Legal. **Withdrawal symptoms (if any)** _____

Previous treatment for substance use (if any)/Others (year of admission), abstinent status if admitted any, _____

Past medical/psychiatric history: _____

Relevant family History: _____

Associated medical/surgical illness: NIL ☐ YES ☐ HTN / DM/ Dyslipidemia/Thyroid dysfunction/Seizures ☐ Any other _____

History of seizures: _____ **History of head injury** _____

Sleep problems: No/Yes _____ **Sexual problems:** No/Yes _____

Personal/Developmental history: NAD/Others _____ **LMP (If Applicable)** _____

Salient findings on physical examination: _____

MSE: _____

Medico legal issues identified: No ☐ Yes ☐ If yes then mention details _____

Current risk (significant) of harm to self or others: If yes then mention details _____

Motivation Stage Assessment: _____

Provisional Diagnosis: _____

Investigations (if any): _____

Serology test done or not(HbsAg/HIV/HEP-C): _____

Management: _____

Next follow up on : _____

(Signatures with stamp of name, date, designation; stamp

Audit Score: 0-7- Low Risk

8-15- Risky or hazardous level Moderate risk of harm

16-19- High-risk or harmful level

20 or more- High-risk Dependence likely

The Alcohol Use Disorders Identification Test (AUDIT)

SI No.	Questions	0	1	2	3	4
1	How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7, 8, or 9	10 or more
3	How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4	How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5	How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9	Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10	Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
Total Score						

Severity of addiction/Level of Nicotine dependence:

Fagerstrom test for smoking	Modified Fagerstrom test for smokeless tobacco users
1. How soon after you wake up do you smoke your first cigarette/bidi? Within 5 minutes 3 6 to 30 minutes 2 31 to 60 minutes 1 More than 60 minutes 0	1. How soon after you wake up do you use your first dip/chew? Within 5 minutes 3 6 to 30 minutes 2 31 to 60 minutes 1 After 60 minutes 0
2. Do you find it difficult to refrain from Smoking in places where it is forbidden? Yes 1 No 0	2. How often do you intentionally swallow tobacco juice? Always 2 Sometimes 1 Never 0
3. Which cigarette/bidi would you hate to give up most? The first one in the morning 1 All others 0	3. Which tobacco chew would you hate to give up most? The first one in the morning 1 All others 0
4. How many cigarettes/bidis do you smoke per day? 10 or less 0 11-20 1 21-30 2	4. How many Sachet/pouches of tobacco do you use per week? More than 3 2 1-3 1
5. Do you smoke more frequently in the first hours after waking up than during the Rest of the day? Yes 1 No 0	5. Do you chew tobacco more frequently in the first hours after waking up than during the rest of the day? Yes 1 No 0
6. Do you smoke when you are so ill that you are in bed most of the day? Yes 1 No 0	6. Do you chew tobacco when you are so ill that you are in bed most of the day? Yes 1 No 0
Total score	Total score

