

SUBSTANCE USE EVALUATION (ALCOHOL AND DRUGS)

SECTION 1: GENERAL INFORMATION and HISTORY (To be completed by driver/applicant)

Please print or type. Attach additional pages where necessary.

Name (First, Middle, Last)		Date of Birth	Driver's License Number		
Street Address			Telephone Number (8 a.m. – 5 p.m.)		
City		State	ZIP Code		
Lifetime Conviction History: List all driving convictions (e.g. operating while intoxicated or impaired driving) and nondriving convictions (e.g. drug crimes, domestic violence, MIP or disorderly persons) involving alcohol or controlled substances. Include juvenile dispositions.					
Driving Convictions	Date	Bodily Alcohol Content or Drug Type (If known)	Nondriving Convictions	Date	Bodily Alcohol Content or Drug Type (If known)

I authorize the Evaluator named on Page 10 to furnish the information set forth on this form and to discuss the information with the Michigan Department of State. I understand this form may also be used as my written request for a hearing. I certify that my responses contained in this document are true and accurate to the best of my knowledge and belief.

Driver/Applicant's Signature _____ Date _____

SECTION 2: HISTORY and EVALUATION (To be completed by the evaluator)

Please print or type. Attach additional pages when necessary.

Lifetime Treatment History for Alcohol and/or Drug Use Disorders: Attach each treatment plan and discharge report.			
Program Type (e.g. Detoxification, Residential/Inpatient, Intensive Outpatient, Outpatient (Individual and/or group), Education, Driver Safety Intervention Course)	Beginning and Ending Dates	Name of Program, Therapist or Group Leader, and Location	Treatment Outcome
Medication-assisted Treatment (e.g. Methadone, Antabuse, Buprenorphine or Campral): Medication: <u>NA</u>			
Prescribing Physician: _____ Date Started: _____ Date Ended: _____			
Lifetime Support Group History: List all time periods of attendance and frequency.			
Period	Frequency	Type (e.g. AA/NA or Women for Sobriety)	Sponsor Yes or No?
<u>2008-2009</u>	<u>3-4 meetings/week</u>	<u>AA</u>	<u>?</u>
<u>2010-Present</u>	<u>Once/month</u>	<u>AA</u>	<u>?</u>
Diagnostic Impression (DSM-IV): Indicate all past and present alcohol, drug and mental health diagnoses.			
Diagnoses: <u>F10.20 Moderate Alcohol Use Disorder</u>			
Supporting facts for diagnostic impression: <u>4 DSM-5 Symptoms - hazardous use, tolerance, use despite physical condition, interference w/ major life role</u>			
Course Specifiers (Check all that apply):			
<input type="checkbox"/> Early Full Remission <input checked="" type="checkbox"/> Sustained Full Remission <input type="checkbox"/> On Agonist Therapy <input checked="" type="checkbox"/> Sustained Recovery			
<input type="checkbox"/> Early Partial Remission <input type="checkbox"/> Sustained Partial Remission <input type="checkbox"/> In a Controlled Environment <input type="checkbox"/> None Applicable			

Testing Instruments: Attach the actual instrument used			
Testing Instruments Used (e.g. ASI, SASSI-3, MAST/DAST)	Score	Interpretation of Results	Explain how the results of this test correlate with the DSM-IV diagnosis on Page 9
Test 1: <i>MAST</i>	<i>8</i>	<i>history of problem alcohol use between 16-31 years old</i>	<i>These results are consistent with the respondent's clinical interview and diagnosis</i>
Test 2: <i>AUDIT</i>	<i>17</i>	<i>problem alcohol use b/w 16-31 more severe around divorce proceedings</i>	<i>These results are consistent with the diagnosis from clinical interview</i>
Drug Screen: Administer a 10-panel urinalysis drug screen (or refer client) and submit a current laboratory report that includes at least two urine integrity variables. Please include the confirmation test for any positive screen results.			
Comments: <i>See attached - no comments</i>			
If you administered an ethyl-glucuronide alcohol test, what were the results?			
Lifetime Abstinence History:			
Period of Abstinence (Beginning and Ending Dates)	Abstinence Period Abated by What? (Any abuse of prescription medication or use of alcohol, controlled substances or NA beer)	Comments	
<i>10/22/2011 - Present</i>	<i>Continuous abstinence</i>	<i>no drug history, interlock device and need to drive for employment has helped assure abstinence</i>	
Client Prognosis:			
Please check one: <input type="checkbox"/> Poor <input type="checkbox"/> Guarded <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Good <input type="checkbox"/> Excellent			
Provide supporting facts for this prognosis (consider the client's current living and work environments, lifestyle, relapse history, use of addictive prescribed medications and any other relevant factors that may affect the overall prognosis):			
<i>Mr. Kendall has improved his personal stability - 3 years at one employer, married for 4 years, benefiting from 5 years of abstinence, is very aware that any relapse will trigger Crohn's disease relapse as well</i>			
Date of last use of: <i>10/22/2011</i>		Alcohol and/or NA Beer: <i>Alcohol</i>	
		Controlled Substances: <i>NA</i> (Including illicit drugs and addictive prescription medications)	
Continuum of Care Recommendations (please check all that apply):			
<input type="checkbox"/> Professional Treatment <input type="checkbox"/> Educational Course <input checked="" type="checkbox"/> Community Support Group <input type="checkbox"/> Other _____ <input type="checkbox"/> None			
(e.g. AA/NA, Women for Sobriety, SMART Recovery)			
Reasons for recommendation or, if none, please state reasons:			
<i>Mr. Kendall stated that hearing others stories helps him remember the reasons and motivations to remain sober.</i>			
Certification of Evaluator:			
As of this date, I certify that I have reviewed Section 1 and completed Section 2 and that this Substance use Evaluation is true to the best of my knowledge and belief based on information obtained from the client, the client's known substance use disorder and mental health history and a client examination. I understand that the decision to grant, suspend or reinstate an individual's driving privileges rests solely with the Department of State, which may consider other facts or conditions when making this decision.			
Evaluator's Name (printed or typed)		Qualifications/Degrees	Date
Evaluator's Signature		Telephone Number	
Program Name		Program License Number	
Address	City	State	ZIP Code