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
TROY KENDALL	10/21/1977	
Street Address		**Telephone Number (8 a.m. – 5 p.m.)**
27129 Shelbourne Dr.		586-214-6409
City	**State**	**ZIP Code**
WARREN	MI	48088

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)
OWI	6/26/08	.14 BAC			
OWI	9/29/08	.18 BAC			
OWI	2/24/99				

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
Weekend Education	9/19/08-9/21/08	A.R.M. (Smallwood - facilitator)	Successful Completion"
Decision Based Driving	12/20/2012	Class A Training Center	Completed

Medication-assisted Treatment (e.g. Methadone, Antabuse, Buprenorphine or Campral): Medication: NA

Prescribing Physician: NA Date Started: NA Date Ended: NA

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?
2008-'09	3-4 meetings/week	AA	yes
2010-Present	once/month	AA	yes

Diagnostic Impression (DSM-IV): Indicate all past and present alcohol, drug and mental health diagnoses.

Diagnoses: F10.20 Moderate Alcohol Use Disorder (DSM-5)

Supporting facts for diagnostic impression: 4 Symptoms found from DSM-5 - hazardous use, tolerance, use despite phys. condition, interference w/ major life role

Course Specifiers (Check all that apply):

- ☐ Early Full Remission
- ☐ Early Partial Remission
- ☒ Sustained Full Remission
- ☐ Sustained Partial Remission
- ☐ On Agonist Therapy
- ☐ In a Controlled Environment
- ☒ Sustained Recovery
- ☐ 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: MAST	8	history of problem alcohol use between 16-31 years old	These results are consistent with the respondents clinical interview and diagnosis
Test 2: AUDIT	17	problem alcohol use b/w 16-31 more severe around divorce proceedings	These results are consistent with the diagnosis from clinical interview

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: See attached - no comments

If you administered an ethyl-glucoronide 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
10/22/2011 - Present	Continuous abstinence	no drug history, interlock device and need to drive for employment has helped assure abstinence

Client Prognosis:

Please check one: ☐ Poor ☐ Guarded ☐ Fair ☑ Good ☐ 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):
Mr. Kendall has improved his personal stability - 6.5 years at one employer, married for 3 years, benefiting from 5 years of abstinence, is very aware that any relapse will trigger Crohn's disease relapse as well

Date of last use of:	Alcohol and/or NA Beer:	Controlled Substances: (Including illicit drugs and addictive prescription medications)
10/22/2011	Alcohol	NA

Continuum of Care Recommendations (please check all that apply):

☐ Professional Treatment ☐ Educational Course ☒ Community Support Group (e.g. AA/NA, Women for Sobriety, SMART Recovery) ☐ Other _____ ☐ None

Continue once / month AA

Reasons for recommendation or, if none, please state reasons:
Mr. Kendall stated that hearing others stories helps him remember the reasons and motivations to remain sober.

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
Brian T. Davis	MSW, CISW-S, SAP	8/02/2016

Evaluator's Signature	Telephone Number
Brian T Davis	614-888-9200

Program Name	Program License Number
Directions Counseling Group	I-7948

Address	City	State	ZIP Code
6797 N. High St. Ste 350	Worthington	OH	43085