New York State Office of Alcoholism and Substance Abuse Services

Impaired Driver Clinical Assessment Form

Program/Practice Name:	Provider Number
Motorist Last Name:	**First Name:**
Sex: Male ☐ Female ☐	**DMV Client ID#:**

IMPAIRED DRIVER ASSESSMENT

(a) Presenting Problem. Include detailed information about contributing factors, incidents and issues that precipitated this assessment.

Findings and Conclusions:

(b) Substance Use, Abuse, and Dependence History. Include: age of onset; duration and frequency of use; administration and patterns of use; precipitators, such as peer pressure, depression or life crisis; increased/decreased tolerance; consequences of use; history of previous attempts to remain abstinent; individual's own perception of substance use including the use of tobacco; self-help involvement; prior treatment history such as detoxification, inpatient rehabilitation or outpatient treatment; the history of use of substances by significant others; and the impact of substance use on significant others.

Findings and Conclusions:

(c) Education and Employment. Include: assessment of literacy skills, highest grade completed, adjustment problems in school and effects of substance use on school performance; review of the individual's work history with dates and lengths of employment; reasons for leaving/changed jobs; aspirations, strengths, challenges, other skills and effects of substance use on job performance.

Findings and Conclusions:

ATTACH ADDITIONAL SHEETS AS NEEDED

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(d) Mental Health and Emotional Health. Include: lethality [is individual is a danger to him/herself or others?]; history of hospitalizations, lengths of stay, suicide attempts, current treatment and psychotropic medication regimen, including name of prescribing physician - current status; emotional health; history of mental abuse or emotional abuse; ability to express emotions; emotional state.

Findings and Conclusions:

(e) Medical / Health. Include: a general statement of physical health and needs; current medications where indicated; date of most recent physical examination and name of physician; results of any alcohol or drug screenings performed and an indication of referral for a complete physical examination if one has not been done in the prior twelve months.

Findings and Conclusions:

(f) Family. Include: status of relationship with family members, peers and significant others; and history and impact of the use of alcohol and substances on family members, significant others and by peer group.

Findings and Conclusions:

(g) Social / Leisure. Include all leisure activities, hobbies and interests of past and present; identify primary relationships (personal, professional and family) and address activities which are isolating and do not encourage socialization.

Findings and Conclusions:

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(h) Legal Involvement. Include: arrest history related to substance use and vehicular crimes (DMV Driving Record Abstract; arrest record; current and pending legal issues with scheduled court appearances; parole or probation status; precipitators and anticipated cessation of legal proceedings and involvement with the criminal justice system.

Findings and Conclusions:

OTHER DOCUMENTATION REVIEWED

☐ **Urine Alcohol and Drug Screening Test (including EtG)**

Findings:

☐ **Abstract of Driving Record**

Findings:

☐ **Official Documentation of the Violation (Copy of Arrest Report, Incident Report and/or Traffic Ticket)**

Findings:

☐ **Interviews With Collateral Sources** [list each person/organization and findings]

Name(s)/Findings:

ATTACH ADDITIONAL SHEETS AS NEEDED

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DIAGNOSIS AND DETERMINATION

PRIMARY DIAGNOSIS: Indicate specific diagnosis of alcohol related or psychoactive substance related disorder in accordance with the current version of the DSM.

Axis I (required): _____
_____
_____
Axis II (optional): _____
Axis III (optional): _____
Axis IV (optional): _____
Axis V (optional): _____

Diagnostic Summary:

ASSESSMENT DETERMINATION:

☐ Treatment Recommended ☐ No Treatment Recommended
☐ Cancelled by Motorist ☐ Non-Compliance ☐ Lost Contact

Assessment Conducted By [Print Name]:

Signature:	**Date:**

ATTACH ADDITIONAL SHEETS AS NEEDED
IDMS-4 (January 2012)