



Office of Alcoholism and Substance Abuse Services

IMPAIRED DRIVER SYSTEM (IDS) CLINICAL PROVIDER FEEDER FORM

This form is for your convenience and internal use only. It should not be submitted to OASAS or DMV.

IDS CLINICAL PROVIDER INFORMATION	
Provider Number	Program Number

GENERAL INFORMATION ABOUT MOTORIST	
NYS DMV Client ID#	IDS Consent Obtained <input type="checkbox"/> Yes, on ____/____/____ <input type="checkbox"/> No
First Name	Last Name (Current Name on File with DMV)
Middle	Last Name (at Birth)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Last 4 SSN

SCREENING INFORMATION	
Screening Date	Assessment Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No
Screening Tool Used <input type="checkbox"/> RIA Self Inventory <input type="checkbox"/> The Audit Alcohol Screening Test <input type="checkbox"/> MAST <input type="checkbox"/> Simple Screening Instrument <input type="checkbox"/> Drug Abuse Screening Test <input type="checkbox"/> Other (Identify) _____	

ASSESSMENT INFORMATION		
Referral Source <input type="checkbox"/> Court <input type="checkbox"/> DMV <input type="checkbox"/> IDP <input type="checkbox"/> Motorist	Start Date	
Collateral Interviews Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Toxicology Ordered? <input type="checkbox"/> Yes – Positive <input type="checkbox"/> Yes – Negative <input type="checkbox"/> No	
Driver Abstract Reviewed? <input type="checkbox"/> Yes, on ____/____/____ <input type="checkbox"/> No	Violation Docs Reviewed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Charge: Court:
Status <input type="checkbox"/> Tx Recommended <input type="checkbox"/> No Tx Necessary <input type="checkbox"/> Lost Contact <input type="checkbox"/> Cancelled by Motorist <input type="checkbox"/> Non-Compliance		

TREATMENT INFORMATION		
Admission Date	Number of Sessions	Discharge Date
Status <input type="checkbox"/> Completed <input type="checkbox"/> Transferred <input type="checkbox"/> Not Completed – Lost Contact <input type="checkbox"/> Not Completed – Noncompliance <input type="checkbox"/> Referred to a Diff. Level of Care <input type="checkbox"/> Not Completed - Administrative Discharge		