Demographic Information and Treatment Circumstances

- Is the form completely filled in?
  YES  NO

Case Study Certifications

- Is the Applicant’s Statement signed and dated?
  YES  NO
- Is the Supervisor’s Statement signed, dated and filed in completely?
  YES  NO

Are the following areas addressed?

Substance Use History

- Substances used
- Frequency of use
- Progression of use
- Severity/amount used
- Onset of use
- Primary substance used
- Route of administration
- Effects on the client

Psychological Functioning

- Corroborating mental status
- Quality of client’s judgment
- Quality of client’s insight into problems

Educational, Vocational and Financial History
• Education level and history

• Work history

• Disciplinary actions taken at school and/or work

• If terminated from school or work, reason for the termination(s)

• Client’s current and past financial status

• Financial status of client’s family of origin

Please review and check YES or NO for each section. YES  NO

Legal History  (whether or not associated with substance use)

• Past and pending criminal charges

• Arrests

• Convictions

• Findings of juvenile delinquency

Social History

• Parental influence on client

• Siblings/rank/gender and their influence on client

• Influence on client of his/her own children

• Relationship history

• Psychological functions in family

• Substance use in family

• History of social functioning from childhood to present

• Family functioning: include physical, sexual and emotional abuse

Physical History

• To include past and present medical issues, disabilities, pregnancies and related issues, and substance use problems

Treatment History
• To include both substance use and psychological history
• Self-help groups

Assessment

• Identification and evaluation of strengths and weaknesses
• Diagnosis using current DSM

Treatment Plan

• Identify and rank problems needing resolution
• Goals – immediate and long-term with objectives for each
• Treatment frequency, duration, objectives, interventions and resources to be utilized

Please review and check YES or NO for each section.

Course of Treatment

• Counseling theory used with client
• Rationale for their use
• Revisions in counseling approaches made in response to client’s specific problems
• Client’s responses to treatment

Discharge Summary

• Concise description of client’s overall response to treatment including substance use at time treatment ended
• Continuing care plan

I (recommend) (DO NOT recommend) that this case study be accepted as complete and that the minimum requirements have been met.

Signature and credentials of reviewer
REQUEST FOR ADDITIONAL INFORMATION

If additional information is required, please complete the following and be SPECIFIC AND CLEAR.

Section in which additional information is required:  _____________________________________

Specific information requested: _______________________________________________________
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