ALCOHOL SCREENING NOTE

This baseline note is meant to accompany the Guideline for Problem Drinking www.BCGuidelines.ca

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME OF PATIENT</th>
<th>TIME SPENT</th>
</tr>
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</table>

Screening questions:

**Q2. Heavy drinking days in the past year (≥ 5 drinks for men / ≥ 4 for women)**

If screen is positive determine weekly drinks per week (drinking days per week x typical number of drinks)

Criteria for abuse or dependence (based on DSM-IV)

**Abuse** - In the last 12 months has the patient’s drinking caused or contributed to:

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>A1) Role failure</td>
<td>A3) Run-ins with the law / legal issues</td>
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<tr>
<td>A2) Risk of bodily harm</td>
<td>A4) Relationship trouble</td>
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</tbody>
</table>

If yes to one or more positive patient has alcohol abuse

**Dependence** - In the last 12 months the patient has:

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>D1) Increased tolerance</td>
<td>D5) Spent a lot of time on drinking related activities</td>
</tr>
<tr>
<td>D2) Experienced withdrawal</td>
<td>D6) Spent less time on other matters</td>
</tr>
<tr>
<td>D3) Failed to stick to drinking limits</td>
<td>D7) Kept drinking despite psychological or physical problems</td>
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<tr>
<td>D4) Failed attempts to cut down or stop drinking</td>
<td></td>
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</tbody>
</table>

If yes to three or more, patient has alcohol dependence

Additional history:

Physical examination and laboratory:

Assessment:

- Negative alcohol screen
- Alcohol abuse
- Alcohol withdrawal
- At-risk drinking
- Alcohol dependence

Plan:

- Repeat screening as needed
- Patient education about drinking limits
- Community Support
- Did the patient agree? No Yes
- Recommend drinking within limits
- Did the patient agree? No Yes
- Recommend abstinence
- Did the patient agree? No Yes
- Naltrexone 50 mg daily
- Acamprosate 666 mg 3 times daily
- Disulfiram 250 mg daily
- Thiamine 100 mg IM/PO (daily x 5)
- Acamprosate 333 mg 3 times daily (for moderate renal impairment) (CrCl 30-50mL/min)
- Other medication/dosage:
- Other plan (specify):

Followup:

BILLING CODE:          DIAGNOSTIC CODE:          BILLING: DATE:          DATE: