



DATE	NAME OF PATIENT	TIME SPENT
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Screening questions:

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

	days (positive ≥ 1)
<b>If screen is positive determine weekly</b>	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:

No	Yes		No	Yes	
		A1) Role failure			A3) Run-ins with the law / legal issues
		A2) Risk of bodily harm			A4) Relationship trouble
<b>If yes to one or more positive patient has alcohol abuse</b>					

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

No	Yes		No	Yes	
		D1) Increased tolerance			D5) Spent a lot of time on drinking related activities
		D2) Experienced withdrawal			D6) Spent less time on other matters
		D3) Failed to stick to drinking limits			D7) Kept drinking despite psychological or physical problems
		D4) Failed attempts to cut down or stop drinking			
<b>If yes to three or more, patient has alcohol dependence</b>					

**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
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:	Referral (specify):	
Other plan (specify):		

**Followup:** \_\_\_\_\_

BILLING CODE:

DIAGNOSTIC CODE:

BILLING:

DATE:

DATE: