COMPLETE FOCUSED AOD ASSESSMENT

Alcohol and Other Drugs | Adult clinical assessment template

USE OF THIS TEMPLATE
Use with clinical judgement, approved local procedures, validated screening/withdrawal tools and appropriate escalation pathways. This template supports assessment and documentation but does not replace a full medical, mental health or emergency assessment.

1. Patient and assessment details

Family name _____	Given name _____	MRN _____	DOB / Age _____
Preferred name _____	Pronouns _____	Phone _____	Address _____
Assessment date/time _____	Location / mode _____	Clinician / designation _____	Referral source _____
Interpreter required ☐ No ☐ Yes: _____	Aboriginal / Torres Strait Islander status _____	Cultural needs _____	Consent to assessment / information sharing ☐ Yes ☐ No ☐ Limits: _____

2. Presenting concern and patient goals

Reason for presentation / referral and concerns today:

_____
_____
_____
_____

Patient's own words, priorities and goals for treatment:

_____
_____
_____
_____

Readiness for change: ☐ Not considering change ☐ Considering ☐ Preparing ☐ Taking action ☐ Maintaining ☐ Unsure

Requested assistance: ☐ Advice ☐ Withdrawal ☐ Counselling ☐ OAT/OTP ☐ Medication review ☐ Rehabilitation ☐ Harm reduction ☐ Other: _____

3. Immediate safety screen

Check now	Finding	Action / escalation
☐ No ☐ Yes Reduced consciousness or impaired breathing	_____	_____
☐ No ☐ Yes Current intoxication / marked sedation	_____	_____
☐ No ☐ Yes Overdose or naloxone given	_____	_____
☐ No ☐ Yes Seizure, delirium or hallucinations	_____	_____
☐ No ☐ Yes Severe or rapidly worsening withdrawal	_____	_____
☐ No ☐ Yes Chest pain / severe agitation / psychosis	_____	_____
☐ No ☐ Yes Current suicidal intent or immediate risk to others	_____	_____

Check now	Finding	Action / escalation
☐ No ☐ Yes Pregnancy with significant substance use / withdrawal	_____	_____
☐ No ☐ Yes Unstable observations or acute medical illness	_____	_____
☐ No ☐ Yes Child safety / domestic and family violence concern	_____	_____

IF ANY IMMEDIATE RISK IS IDENTIFIED

Complete urgent clinical assessment and escalate through the appropriate emergency, CERS, Mental Health, child protection or domestic violence pathway. Do not delay emergency care to complete this form.

4. Complete substance-use history

Substance	Age first use	Current pattern / frequency	Amount	Route	Last use date/time	Longest abstinence	Withdrawal / overdose history	Current concern / goal
Alcohol								
Nicotine / vaping								
Heroin								
Other opioids / pain medicines								
Methadone / buprenorphine / LAIB								
Benzodiazepines								
Methamphetamine / amphetamines								
Cocaine								
Cannabis								
GHB / GBL / 1,4-BD								
MDMA / hallucinogens								
Inhalants / nitrous oxide								
Steroids / performance drugs								
Other / unknown substance								

5. Dependence and impact

Dependence / impairment indicators:

- ☐ Craving or strong urge to use
- ☐ Using more or longer than intended
- ☐ Difficulty cutting down or controlling use
- ☐ Tolerance
- ☐ Withdrawal or use to avoid withdrawal
- ☐ Significant time obtaining, using or recovering
- ☐ Reduced work, family or social functioning
- ☐ Continued use despite physical or mental harm
- ☐ Hazardous use
- ☐ Previous unsuccessful treatment or relapse

Functional impact, consequences and patient's understanding of the problem:

_____

_____

_____

_____

_____

_____

6. Withdrawal assessment

Domain	Assessment	Current findings	Plan
Withdrawal risk	Substance, last use, frequency, dependence and expected onset	_____	_____
Previous severity	Seizures, delirium, hallucinations, ICU/medical admission	_____	_____
Current symptoms	Tremor, sweating, anxiety, nausea/vomiting, diarrhoea, pain, agitation, sleep disturbance	_____	_____
Validated tool	Tool used and score, if indicated	Tool: _____ Score: _____	_____
Setting suitability	Outpatient / ambulatory / residential / inpatient	_____	_____
Supports	Safe accommodation, transport, reliable support person, phone access	_____	_____

Withdrawal plan: ☐ No withdrawal expected ☐ Monitor ☐ Ambulatory plan ☐ Specialist/residential ☐ Inpatient/ED ☐ Prescriber review

7. OAT / OTP-focused assessment, if applicable

Current medicine: ☐ Methadone ☐ Buprenorphine ☐ Buprenorphine-naloxone ☐ LAIB ☐ None / seeking treatment

Prescriber / service: _____ Dosing pharmacy/site: _____

Confirmed dose and formulation: _____ Last confirmed dose/date/time: _____

Takeaway doses supplied / remaining: _____

Consecutive missed doses: _____ Current intoxication: ☐ No ☐ Yes Current withdrawal: ☐ No ☐ Yes

Recent non-prescribed opioid use, sedatives or overdose: _____

Naloxone available and education provided: ☐ Yes ☐ No ☐ Declined

Prescriber/pharmacy confirmation completed by: _____ Date/time: _____

OAT SAFETY

Do not rely only on patient-reported dosing. Confirm the dose, last administration and takeaways with the authorised prescriber and dispensing service. If intoxicated or after missed doses, follow current NSW guidance and local procedures before dosing.

8. Physical health assessment

Area	History / finding	Risk identified	Action
Medical conditions / recent admission	_____	☐ No ☐ Yes	_____
Current medicines, OTC and supplements	_____	☐ No ☐ Yes	_____
Allergies / adverse reactions	_____	☐ No ☐ Yes	_____
Pain and prescribed opioids	_____	☐ No ☐ Yes	_____
Liver / renal / cardiac / respiratory / neurological conditions	_____	☐ No ☐ Yes	_____
Nutrition, hydration and sleep	_____	☐ No ☐ Yes	_____
Pregnancy, breastfeeding, contraception and sexual health	_____	☐ No ☐ Yes	_____
Infectious disease / blood-borne virus risk	_____	☐ No ☐ Yes	_____
Injecting history and injecting-related complications	_____	☐ No ☐ Yes	_____
Dental, skin, wound or vascular concerns	_____	☐ No ☐ Yes	_____
Falls, head injury or trauma	_____	☐ No ☐ Yes	_____
Driving / work / machinery safety	_____	☐ No ☐ Yes	_____

Baseline observations: BP _____ / _____ Pulse _____ RR _____ SpO_2 _____ Temp _____ BGL _____ Pain _____ /10

Relevant examination / pathology / investigations: _____

9. Mental health and mental state

Past and current mental health diagnoses / treatment:

_____

Current mood, anxiety, trauma symptoms, psychosis or cognitive concerns:

_____

Past self-harm or suicide attempts, including triggers and recency:

_____

Current suicidal thoughts, intent, plan, means or protective factors:

_____

Risk to others, aggression, vulnerability or exploitation:

_____

Mental state domain	Findings
Appearance and behaviour	_____
Speech	_____
Mood and affect	_____
Thought form and content	_____
Perception	_____
Cognition and orientation	_____
Insight, judgement and capacity	_____

Formal mental health / suicide risk assessment required: ☐ No ☐ Yes Completed / referred: _____

10. Psychosocial, cultural and safeguarding assessment

Domain	Current situation / strengths / needs	Action
Accommodation and homelessness risk	_____	_____
Family, carers, children and significant relationships	_____	_____
Domestic and family violence / coercive control	_____	_____
Employment, education and finances	_____	_____
Legal, court, parole or custody issues	_____	_____
Cultural identity, spirituality and community connection	_____	_____
Aboriginal health / culturally safe care needs	_____	_____
CALD / refugee / interpreter needs	_____	_____
Transport, digital access and practical barriers	_____	_____
NDIS / disability / cognitive or communication needs	_____	_____
Other services involved and information-sharing consent	_____	_____

11. Harm-reduction review

Topic	Discussed / outcome	Follow-up
Take-home naloxone offered / supplied / declined	☐ Yes ☐ No ☐ N/A _____	_____
Overdose recognition and response discussed	☐ Yes ☐ No ☐ N/A _____	_____
Avoiding opioid plus alcohol/benzodiazepine/other sedative combinations	☐ Yes ☐ No ☐ N/A _____	_____
Reduced tolerance after abstinence, withdrawal, custody or hospitalisation	☐ Yes ☐ No ☐ N/A _____	_____
Sterile injecting equipment and safer injecting advice	☐ Yes ☐ No ☐ N/A _____	_____
BBV/STI testing, hepatitis vaccination and treatment referral	☐ Yes ☐ No ☐ N/A _____	_____
Safer smoking / inhalation advice	☐ Yes ☐ No ☐ N/A _____	_____
Hydration, nutrition, sleep and heat-related risk	☐ Yes ☐ No ☐ N/A _____	_____
Driving, work and machinery advice	☐ Yes ☐ No ☐ N/A _____	_____
Medication storage, takeaways and child safety	☐ Yes ☐ No ☐ N/A _____	_____
Emergency and after-hours contacts provided	☐ Yes ☐ No ☐ N/A _____	_____

12. Previous treatment and response

Service / treatment	Dates	Completed?	What helped	What did not help	Reason ended / outcome

13. Clinical formulation

Summary of presenting AOD problem, pattern and severity:

_____

_____

_____

Predisposing, precipitating and perpetuating factors:

_____

_____

_____

Protective factors, strengths, motivation and supports:

_____

_____

_____

Key risks: intoxication, withdrawal, overdose, self-harm, violence, medical, safeguarding and social:

_____

_____

_____

_____

Working assessment / diagnoses and differential considerations:

_____

_____

_____

_____

14. Collaborative care plan

Problem / goal	Agreed intervention	Responsible person/service	Timeframe	Review / outcome measure

Treatment options discussed: ☐ Brief intervention ☐ Counselling ☐ Withdrawal ☐ OAT ☐ Relapse-prevention medicine ☐ Rehabilitation ☐ Peer/family support ☐ GP/shared care ☐ Harm reduction

Patient preference and informed consent: _____

Referrals made / handover completed: _____

Follow-up date / review trigger: _____

15. Final risk disposition and handover

Overall risk today: ☐ Low ☐ Moderate ☐ High ☐ Imminent / emergency

Disposition: ☐ Home with plan ☐ GP ☐ Drug Health follow-up ☐ Withdrawal service ☐ Mental Health ☐ ED / hospital ☐ Other: _____

Safety plan, interim care responsibility and escalation instructions:

_____

_____

_____

_____

ISBAR handover summary and recipient:

_____

_____

_____

_____

16. Sign-off

Clinician name / designation _____	Signature / date / time _____
Patient name _____	Patient signature / date, if applicable _____

Senior review / prescriber	Signature / date / time
_____	_____

Quick completion check

☐ Consent and confidentiality explained
☐ Immediate risk and withdrawal assessed
☐ Complete substance history documented
☐ OAT dosing confirmed when applicable
☐ Physical and mental health risks assessed
☐ Safeguarding and psychosocial needs considered
☐ Harm reduction and naloxone addressed
☐ Clinical formulation completed
☐ Collaborative plan, ownership and timeframe documented
☐ Handover, follow-up and escalation plan completed