Strikt Drug/Sex Detail         A Colspan=12 Strikt Completed on:         Det Colspan=12 Strikt Completed on:         Out of the past 12 months due you drink any alcohol (more than a few sips)?         Pat 2. During the past 12 months have you smaked any manipuona, K2 or blurts?       Current-daily       Curr-some dar       Previously       unknown       never         CA3. During the past 12 months have you used any other drug to get high?       Tobacco cleaseation deascallor:       Tobacco cleaseation deascallor:       Preterent to show colspan="2">Previously       Unknown       never         Outer types of tobacco use?       Yes       No         Carrent to show colspan="2">Current-daily       Current-daily       Yes       No         Outer the past 12 months have you used any other drug to get high?       Tobacco cleaseation deascallor:       Pretered to show colspan="2">Preter to unknown colspan="2">Current-daily         Current-double       Colspan="2">Current-double       Colspan="2">Current-double         Colspan="2">Colspan="2">Colspan="2"       Yes       No         Cols	aSBIRT v1: Baby Patient LAURA TEST!	
Last aSBRT completed on:       Def: 07222013         Part A       Part A: AILINO         DA1. During the past 12 months did you drink any alcohol (more than a few sips)?       • Have you used over 100 cigarattes in your lifetime?       Yes       No         DA2. During the past 12 months thave you smoked any marijuana, K2 or blurts?       • How would you describe your cigaratte use?       • Other types of tobacco use?       • Yes       No         DA3. During the past 12 months have you used any other drug to get high?       • Tobacco cessation education:       • Tobacco cessation describe your cigaratte use?       • Other types of tobacco use?       • Yes       No         CEANFT AULESTIONMAIRE       Executed on drugs to RELAX, feel better about yourself, or fit in?       • Yes       No         D5. R - Do you ever use alcohol or drugs?       • Yes       No       • Yes       No         D6. A - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in	aSBIRT Assessment Drug/Sex Detail	
Last aSBRT completed on:       Def: 07222013         Part A       Part A: AILINO         DA1. During the past 12 months did you drink any alcohol (more than a few sips)?       • Have you used over 100 cigarattes in your lifetime?       Yes       No         DA2. During the past 12 months thave you smoked any marijuana, K2 or blurts?       • How would you describe your cigaratte use?       • Other types of tobacco use?       • Yes       No         DA3. During the past 12 months have you used any other drug to get high?       • Tobacco cessation education:       • Tobacco cessation describe your cigaratte use?       • Other types of tobacco use?       • Yes       No         CEANFT AULESTIONMAIRE       Executed on drugs to RELAX, feel better about yourself, or fit in?       • Yes       No         D5. R - Do you ever use alcohol or drugs?       • Yes       No       • Yes       No         D6. A - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in	Adelessont SBIRT R	
Part A       Smoking Status         DA1. During the past 12 months did you drink any actohol (more than a few sips)?       • Have you used over 100 cigarettes in your lifetime? Ves No         DA2. During the past 12 months have you smoked any marjuana, K2 or blunts?       • How would you describe your cigarette use?         OA3. During the past 12 months have you used any other drug to get high?       • Ves No         OA3. During the past 12 months have you used any other drug to get high?       • Tobacco risks & sessation discussed         • Yes No       Add drug/sex detail         • DA3. During the past 12 months have you used any other drug to get high?       • Tobacco risks & sessation discussed         • Yes No       Add drug/sex detail         • Other types of tobacco use?       Ves No         • Referred to mone cessation class       • Referred to mone cessation class         • Referred to mone cessation discussed       • Ves No         • Other types of tobacco very washing tophere con       • Referred to mone cessation class         • Referred to mone to drugs to the you are to your self, ALONE?       • Ves No         D5. R- Do you ever index in the you are by your self, ALONE?       • Ves No         D6. A- Do you ever use dochol or drugs to the you should cut down on your drinking or drug use?       • Ves No         D6. A- Do you ever use dochol or drugs to the you should cut down on your drinking or drug use?       • Ves No		
Part A: All HO       All Hegative         DA1. During the past 12 months have you should any marijuans, K2 or blurts?		
• Yes No DA2. During the past 12 months have you used any marijuana, K2 or blurts? • How would you describe your cigarette use? • Units a very our used any other drug to get high? • Yes No Ad3. During the past 12 months have you used any other drug to get high? • Yes No Ad4 drug/sex detail • How would you describe your cigarette use? • Other types of tobacco use? • Yes No • Tobacco risks 2 cessation discussed • Referred to snoke cessation class • Referred to 410-837-2050x1700 (Last Drag) Referred to 410-837-2050x1700 (Last Drag) Referred to 410-837-2050x1700 (Last Drag) • Yes No • D5. F. Do you ever use alcohol or drugs ? • Yes No • Yes No • No • Yes No • No • Yes No <th>Part A: All NO</th> <th></th>	Part A: All NO	
DA2. During the past 12 months have you smoked any marijuana, K2 or blurts?	DA1. During the past 12 months did you drink any alcohol (more than a few sips)?	* Have you used over 100 cigarettes in your lifetime? 🔿 Yes 🔿 No
A3. During the past 12 months have you used any other drug to get high?     Yes No Add drug/sex detail     Cher types of tobacco use?     Tobacco ressation education:     Tobacco restare ressation education:     Tobacco ressat	Yes O No	* How would you describe your cigarette use?
DA3. During the past 12 months have you used any other drug to get high? <ul> <li>Yes</li> <li>No</li> </ul> <ul></ul>	DA2. During the past 12 months have you smoked any marijuana, K2 or blunts?	🔿 current-daily 🔿 curr-some da 🔿 previously 🔿 unknown 🔿 never
Yes       No         Add drug/sex detail       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Referred to sincle cessation class       Referred to sincle cessation class         Refered to sincle cessation class       Refered to sincle ces	🔿 Yes 🔿 No	* Other types of tobacco use? 🔷 🔿 Yes 🔿 No
Add drug/sex detail       Referred to 410-837-2050x1700 (Last Drag)         Referred to www.smokingstopshere.com       Referred to www.smokingstopshere.com         Referred to 410-837-2050x1700 (Last Drag)       Referred to 410-837-2050x1700 (Last Drag)         Referred to 410-837-2050x1700 (Last Drag)       Referred to 410-837-2050x1700 (Last Drag)         Referred to 410-837-2050x1700 (Last Drag)       Referred to 410-837-2050x1700 (Last Drag)         Referred to 410-837-2050x1700 (Last Drag)       Referred to 410-837-2050x1700 (Last Drag)         Referred to 410-837-2050x1700 (Last Drag)       Referred to 410-837-2050x1700 (Last Drag)         Referred to 410-837-2050x1700 (Last Drag)       Referred to 410-837-2050x1700 (Last Drag)         D5. R - Du you ever ridden in a CAR driven by someone (including yourself)       Yes       No         D6. A - Do you ever use alcohol or drugs to RELAX, feel better about yourself, ALONE?       Yes       No         D7. F - Do you ever DRQET things you did while using alcohol or drugs?       Yes       No         D8. F - Do you ever tell you that you should cut down on your drinking or drug use?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you mere using alcohol or drugs?       Parent NOT present during screening.       Parent NOT present during screening.         Parent present during	DA3. During the past 12 months have you used any other drug to get high?	* Tobacco cessation education:
	🔿 Yes 🔿 No	
CRAFFT QUESTIONNAIRE         D4. C - Have you ever ridden in a CAR driven by someone (including yourself)         who was "high" or had been using alcohol or drugs?         D5. R - Do you ever use alcohol or drugs to RELAX, teel better about yourself, or fit in?         D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE?         D7. F - Do you ever FORGET things you did while using alcohol or drugs?         D8. F - Do you remity or FRIENDS ever tell you that you should cut down on your drinking or drug use?         D8. T - Have you gotten into TROUBLE while you were using alcohol or drugs?         If patient answers yes to 2 (two) or more, go to Assessment for referral tracking.         If patient refused to complete adolescent SBIRT Questionnaire.         Sign         @ Community Health Integrated Partnership, 2011. All rights reserved.	Add drug/sex detail	
CRAFFT OUESTIONNAIRE         D4. C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?       Yes       No         D5. R - Do you ever use alcohol or drugs to RELAX, teel better about yourself, or fit in?       Yes       No         D6. A - Do you ever use alcohol or drugs to RELAX, teel better about yourself, ALONE?       Yes       No         D7. F - Do you ever use alcohol or drugs while you are by yourself, ALONE?       Yes       No         D7. F - Do you ever use alcohol or drugs while you should cut down on your drinking or drug use?       Yes       No         D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         Parent present during screening.       Parent NOT present during screening.       Parent NOT present during screening.         Patient refused to complete adolescent SBIRT Questionnaire.       Sign       Sign       V1AHD20130718		
D4. C - Have you ever ridden in a CAR driven by someone (including yourself)       CRAFFT: All NO         who was "high" or had been using alcohol or drugs?       Yes       No         D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, at DNP?       Yes       No         D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE?       Yes       No         D7. F - Do you ever FORGET things you did while using alcohol or drugs?       Yes       No         D8. F - Do you ever FORGET things you did while using alcohol or drugs?       Yes       No         D8. F - Do you ever tell you that you should cut down on your drinking or drug use?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Parent NOT present during screening.       Parent present during screening.         Parent present during screening.       Parent refused to complete adolescent SB/RT Questionnaire.       No         Sign       @ Community Health Integrated Partnership, 2011. All rights reserved.       V1AHD20130718		other
D4. C - Have you ever ridden in a CAR driven by someone (including yourself)       CRAFT: All NO         who was "high" or had been using alcohol or drugs?       Yes       No         D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, at DNP?       Yes       No         D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE?       Yes       No         D7. F - Do you ever FORGET things you did while using alcohol or drugs?       Yes       No         D8. F - Do you ever FORGET things you that you should cut down on your drinking or drug use?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Parent NOT present during screening.       Parent refused to complete adolescent SB/RT Questionnaire.         Sign       @ Co		
who was "high" or had been using alcohol or drugs?       Yes       No         D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?       Yes       No         D6. A - Do you ever use alcohol or drugs to RELAX, feel better about yourself, ALONE?       Yes       No         D7. F - Do you ever FORGET things you did while using alcohol or drugs?       Yes       No         D8. F - Do you ever FORGET things you did while using alcohol or drugs?       Yes       No         D8. F - Do you ever FORGET things you did while using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         Parent present during screening.       Parent NOT present during screening.       Parent present during screening.         Patient refused to complete adolescent SBIRT Questionnaire.       Sign       V1AHD20130718	CRAFFT QUESTIONNAIRE	
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D6. A - Do you ever use alcohol or drugs while yourself, ALONE?       Yes       No         D7. F - Do you ever FORGET things you did while using alcohol or drugs?       Yes       No         D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Yes       No         D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?       Parent Present during screening.       Parent Present during screening.         Parent present during screening.       Parent present during screening.       Parent NOT present during screening.       Parent present during screening.         Sign       @ Community Health Integrated Partnership, 2011. All rights reserved.       V1AHD20130718	D4. C - Have you ever ridden in a CAR driven by someone (including yourself)	CRAFFT: All NO
D7. F - Do you ever FORGET things you did while using alcohol or drugs? D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? C1. Have you gotten into TROUBLE while you were using alcohol or drugs? C2. Yes No D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? C2. Yes No D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? C2. Yes No D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? C2. Yes No D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? C2. Yes No D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? C2. Yes No D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D7. F - Do your family or FRIENDS ever tell you that you should cut down on your drug use? D7. F - Do you family or FRIENDS ever tell you that you should cut down on your drug use? D7. F - Do you family or FRIENDS ever tell you that you should cut down on your drug use? D7. F - Do you family or FRIENDS ever tell you that you should cut down on your drug use? D7. F - Do you family or FRIENDS ever tell you that you should cut down on your drug use? D7. F - Do you family family or FRIENDS ever tell you that you should cut down on your drug use? D7. F - Do you family family or FRIENDS ever tell you that you should cut down on your drug use? D7. F - Do you family family or FRIENDS ever tell you that you should cut down on your family family or free tell you that you should cut down on your family family or free tell you that you should cut down on your family famil		
D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? If patient answers yes to 2 (two) or more, go to Assessment for referral tracking. D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? D9. T - Have you gotten into TROUBLE while you were you gotten into TROUBLE while you were using alcohol or drug	who was "high" or had been using alcohol or drugs?	C Yes C No
D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?  If patient answers yes to 2 (two) or more, go to Assessment for referral tracking.  Parent present during screening.  Patient refused to complete adolescent SBIRT Questionnaire.  Sign  © Community Health Integrated Partnership, 2011. All rights reserved.  V1AHD20130718	who was "high" or had been using alcohol or drugs? D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	C Yes C No C Yes C No
If patient answers yes to 2 (two) or more, go to Assessment for referral tracking.       Total:         Parent present during screening.       Parent NOT present during screening.         Patient refused to complete adolescent SBIRT Questionnaire.       Patient refused to complete adolescent SBIRT Questionnaire.         Sign       Image: Community Health Integrated Partnership, 2011. All rights reserved.       V1AHD20130718	who was "high" or had been using alcohol or drugs? D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE?	<ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>
Parent present during screening.       Parent NOT present during screening.         Patient refused to complete adolescent SBIRT Questionnaire.         Sign         © Community Health Integrated Partnership, 2011. All rights reserved.	who was "high" or had been using alcohol or drugs? D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE? D7. F - Do you ever FORGET things you did while using alcohol or drugs?	<ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>
Patient refused to complete adolescent SBIRT Questionnaire.      Sign      © Community Health Integrated Partnership, 2011. All rights reserved.      V1AHD20130718	who was "high" or had been using alcohol or drugs? D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE? D7. F - Do you ever FORGET things you did while using alcohol or drugs? D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug u	<ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>
Sign         © Community Health Integrated Partnership, 2011. All rights reserved.         V1AHD20130718	who was "high" or had been using alcohol or drugs? D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE? D7. F - Do you ever FORGET things you did while using alcohol or drugs? D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug u D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?	Se? Yes Se? Yes No Yes No Yes No Yes No Yes No Yes No Yes No No Yes No No Yes No No Yes No No Yes No No No Yes No No No Yes No No No Yes No No No Yes No No Yes No No Yes No No Yes No No Yes No No Yes No No Yes No No Yes No No Yes No No Yes No No Yes No No No Yes No No No Yes No No
© Community Health Integrated Partnership, 2011. All rights reserved. V1AHD20130718	who was "high" or had been using alcohol or drugs? D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE? D7. F - Do you ever FORGET things you did while using alcohol or drugs? D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug u D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? <i>If patient answers yes to 2 (two) or more, go to Assessment</i>	<ul> <li>Yes</li> <li>No</li> </ul>
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	who was "high" or had been using alcohol or drugs? D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE? D7. F - Do you ever FORGET things you did while using alcohol or drugs? D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug u D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? <i>If patient answers yes to 2 (two) or more, go to Assessment</i> <i>Parent present during screening.</i> <i>Patient refused to complete adole</i>	Yes No Parent NOT present during screening.
	who was "high" or had been using alcohol or drugs? D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE? D7. F - Do you ever FORGET things you did while using alcohol or drugs? D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug u D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? <i>If patient answers yes to 2 (two) or more, go to Assessment</i> <i>Parent present during screening.</i> <i>Patient refused to complete adole</i>	Yes No Parent NOT present during screening.
Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn)	who was "high" or had been using alcohol or drugs? D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE? D7. F - Do you ever FORGET things you did while using alcohol or drugs? D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug u D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? <i>If patient answers yes to 2 (two) or more, go to Assessment</i> <i>Parent present during screening.</i> <i>Patient refused to complete adole</i>	Yes No Parent NOT present during screening.
Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn)	who was "high" or had been using alcohol or drugs? D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE? D7. F - Do you ever FORGET things you did while using alcohol or drugs? D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug u D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? <i>If patient answers yes to 2 (two) or more, go to Assessme</i> <i>Parent present during screening.</i> <i>Patient refused to complete adole</i> Sign	Yes No Scent SBIRT Questionnaire.
	who was "high" or had been using alcohol or drugs? D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE? D7. F - Do you ever FORGET things you did while using alcohol or drugs? D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug u D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs? <i>If patient answers yes to 2 (two) or more, go to Assessme</i> <i>Parent present during screening.</i> <i>Patient refused to complete adole</i> Sign	Yes No Scent SBIRT Questionnaire.

aSBIRT v1: Robert Brady												
SBIRT Assessment												
Data Review												
Prev SBIRT completed on: Drink alcohol? No	Smoking Status: curr-some days											
Prev Part A: Smoke marijuana? No Cessa	ation advice given today: Referred to smoke cessation class, Referred to 410-837-2050x1700 (Las)											
Used drugs? Yes	CRAFFT Score:											
* Parent present during today's aSBIRT screening												
	Continue ALL abstinance											
Reviewed ALCOHOL USE with the patient and provided brief intervention	Reviewed SMOKING STATUS with the patient and provided brief intervention											
Counseled to continue abstinence from alcohol use	Counseled to continue abstinence from smoking											
Patient engages in adolescent alcohol use, counseled to reduce use/stop	Patient engages in smoking, counseled to stop use											
Patient engages in adolescent alcohol use, brief advice given and referred to	Patient engages in smoking, brief advice given and referred to											
Behavioral Health Specialist	Behavioral Health Specialist											
Patient engages in adolescent alcohol use, referred for substance abuse evaluation at	Patient declined services											
outside treatment facility	Other comments:											
Patient declined services												
Other comments:												
Reviewed DRUG USE with the patient and provided brief intervention	Reviewed HIGH RISK BEHAVIORS with the patient and provided brief intervention											
Counseled to continue abstinence from drug use	Counseled to continue abstinence from sex											
Patient engages in adolescent substance use, counseled to stop use	Patient engages in high risk behaviors, counseled to stop											
Patient engages in adol substance use, brief advice given and referred to	Patient engages in high risk behaviors, brief advice given and referred to											
Behavioral Health Specialist	Behavioral Health Specialist											
Patient engages in adol substance use, referred for substance abuse evaluation al	Patient declined services											
outside treatment facility	Other comments:											
Patient declined services												
Other comments:												
Reviewed by	Problems Risk of ACCIDENTAL POISONING BY											
Return to office: O day(s) O week(s)	month(s)											
to review progress. Refer for Services Add E	Diagnosis											

## EMR Questionnaire

Direc	tions:		
		answers "yes" to any of those 3 questions, continue with the remaining 6 questions. If the first 3 were all "no"	
	mant:	Administered by: 318      Pam Brooks	
Statu		Received Visibility: Any staff member Votes:	
Asse DX:	ssme	ENCNTR SCREEN FOR CERTAIN DEL V Z13.4	
J			
	1.	During the past 12 months, did you drink any alcohol (more than a few sips)? Do not count sips of alcohol taken during family or religious events.) (required)	
			© No
	2.	During the past 12 months, did you smoke any marijuana or hashish? (required)	
			© No
	3.	During the past 12 months, did you use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, or things that you sniff or "huff") (required)	
		O Yes	© No
	4.	Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? (required)	
		O Yes	© No
	5.	Do you ever use alcohol or drugs to relax,feel better about yourself, or fit in?	
		O Yes	© No
	6.	Do you ever use alcohol or drugs while you are by yourself, or alone?	
			© No
	7.	Do you ever forget things you did while using alcohol or drugs?	
		O Yes	© No
	8.	Do your family or friends ever tell you that you should cut down on your drinking or drug use?	
		O Yes	© No
	9.	Have you ever gotten in trouble while you were using alcohol or drugs?	
		O Yes	© No

1001 CASE TEST

Save Cancel

Completed EMR survey with scoring

]] 3																	
	2	CASE TEST (1001/2.1) Sex: M DOB: 12/31/1999 Age: 17 yrs. 7 mos.													rea		
	Overview	Providential 0															
▲	Care Plans	Title	Informant	Admin Date ♡	By Sco	re Asses	sment Stati	s	Notes		DX Description	DX	Visibility	Review Dt	Bv	_	
<b>2</b> ==	Tasks							-			Encntr screen for						
٦	Encounters	CRAFFT Screening Interview	Patient	08/02/2017	318	5	Received Certain developmental Z13.4 Any staff me										
Q.	Well Visits									disorders in chldhd							
12	Messages																
4	Referrals/Trans																
	Problem List																
0	Allergies/Rxns		1													_	
₽	Medications	Question	the did	- defet, and a lock of	( (h								Answer				
1	Immunizations	1. During the past 12 months, did you drink any alcohol (more than a few s Yes     2. During the past 12 months, did you smoke any marijuana or hashish? No										—					
-	History	3. During the past 12 mon															
	Vitals/Growth	4. Have you ever ridden i	n a car drive	en by someone (in	cluding yo	urself) w Yes										_	
000	Diagnostic Tests	5. Do you ever use alcoh	ol or drugs t	to relax,feel better	about you	rself, or Yes											
	-	6. Do you ever use alcoh	ol or drugs v	while you are by y	ourself, or	alone? No											
$\oslash$	Risk Assessment	<ol><li>Do you ever forget thin</li></ol>		-	-												
130	Development	8. Do your family or friend		-													
	Surveys	9. Have you ever gotten i	n trouble wi	hile you were usir	g alcohol o	r drugs? Yes											
8	Asthma Plans																
۵	General Notes																
4	Consents																
	Include confidential																

Tracking screen (pink)

	8/2	2/2017	<ul> <li>Show tasks:</li> </ul>	O All	) Mine	•		band grid to refresh	Exclude Show			۷ 😂	Validate	Confirm	Send I	lessage	Stateme	ents
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	_	Time 🛛 🛆	Patient		eason	Arrival	~	Room	Visit Stat	us	Min. $\Sigma$	Billing Status	Ins. Valid	Verificati	on: 🧹	Checkout	🕝 👌	Confirm Status
s	▶□	Staff : FC	DRMS / MEDI	CAL REC	ORDS LIST	(COUN	T=12)											
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s		09:50 AM															Co	nfirmed
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		02:40 PM															Co	nfirmed
		02:55 PM	TEST, CASE	Sick Vis	it Place Hold	02:43 PM		Wa	iiting Room Si	ck >12	14						Co	nfirmed