Vancouver CoastalHealth
*Promoting wellness. Ensuring care.*

PARIS
PRIMARY ACCESS
Regional Information System

# SUBSTANCE USE ASSESSMENT

| | | | |
|---|---|---|---|
| **Name:** | | **PARIS ID:** | |
| **DOB:** | **Age:** | **PHN:** | |
| **Gender:** | | **Phone:** | |
| **Home Address:** | | | |

**Assessment Start Date:** **Assessment End Date:** **Carried Out By:**

## Substance Use

**Substance Use:** ☐ **Not Assessed** ☐ **No Identified Issues**

| Primary Problem | Substance | Primary Route | Date Last Used | # Days of Use in Last 30 Days | Typical Day Amt Used | Age at First Use | Current Pattern | Stage of Change |
|---|---|---|---|---|---|---|---|---|
| ☐ | Alcohol | | | | | | | |
| ☐ | Non-beverage Alcohol | | | | | | | |
| ☐ | Tobacco | | | | | | | |
| ☐ | Cannabis | | | | | | | |
| ☐ | Crack Cocaine | | | | | | | |
| ☐ | Cocaine | | | | | | | |
| ☐ | Heroin | | | | | | | |
| ☐ | Opioids: | | | | | | | |
| ☐ | Opioids: | | | | | | | |
| ☐ | Benzos: | | | | | | | |
| ☐ | Benzos: | | | | | | | |
| ☐ | Crystal Meth | | | | | | | |
| ☐ | Amphetamines | | | | | | | |
| ☐ | Club Drugs: | | | | | | | |
| ☐ | Hallucinogens: | | | | | | | |
| ☐ | Inhalants: | | | | | | | |
| ☐ | Over-the-Counter Drugs (excluding codeine): | | | | | | | |
| ☐ | Prescription Drugs (excluding opioids): | | | | | | | |
| ☐ | Other: | | | | | | | |
| ☐ | Other: | | | | | | | |

Has client shared needles with other users within the last 30 days? ☐ Yes ☐ No ☐ Unknown ☐ Not Applicable

## SUBSTANCE USE ASSESSMENT

| Name: | PARIS ID: |
|---|---|

**Substance Use Comments**

**Other People Involved**

**Copies To Be Sent To:**

**Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.**

**----------End of Report ----------**