

INFORMATION FOR YOUR DOCTOR

Physical and emotional health go together. You can help us provide you with the best health care possible by answering these questions. Please circle the box that best describes you. If you do not wish to answer a question, you can leave it blank.

Your Name: _____ Date: _____

<i>PHQ-2+1</i> <i>Please circle the answer that best describes you during the past two weeks</i>	Not At All	Several Days	More than Half the Days	Nearly Every Day	
1. Little interest or pleasure in doing things	(0)	(1)	(2)	(3)	
2. Feeling down, depressed, or hopeless	(0)	(1)	(2)	(3)	
3. Thinking that you would be better off dead or that you want to hurt yourself in some way	(0)	(1)	(2)	(3)	
AUDIT, NM-ASSIST <i>Please circle the answer that best describes your use of alcohol or drugs. Drugs include all kinds of street drugs, marijuana, meth, cocaine, or prescription drugs such as tranquilizers or painkillers that are not taken as directed by your doctor.</i>					
1. How often do you drink alcohol?	Never 0	Monthly or less 1	2-4 times a month 2	2-3 times a week 3	4 or more times a week 4
2. How many drinks of alcohol do you have on a typical day (leave blank if you don't drink alcohol)	1 or 2 drinks a day 0	3 or 4 drinks a day 1	5 or 6 drinks a day 2	7 to 9 drinks a day 3	10 or more drinks a day 4
3. In the <u>past year</u> , did you have 6 or more drinks* of alcohol in one day if you are male; 5 or more if you are female? <i>*one drink means 12 oz. of beer, 1.5 oz. of liquor or 5 oz. of wine</i>	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
4. In the <u>past 3 months</u> , how often have you used marijuana, other drugs, or nonmedical use of prescription drugs?	Never 0	Less than monthly 2	Monthly 3	Weekly 4	Daily or almost daily 6
5. In the <u>past 3 months</u> , how often have you had a strong desire or urge to use alcohol or drugs?	Never 0	Less than monthly 3	Monthly 4	Weekly 5	Daily or almost daily 6
6. In the <u>past 3 months</u> , has your use of alcohol or drugs led to health, social, legal, or financial problems?	Never 0	Less than monthly 4	Monthly 5	Weekly 6	Daily or almost daily 7
7. In the <u>past 3 months</u> , how often have you failed to do what was normally expected of you because of your use of alcohol or drugs?	Never 0	Less than monthly 5	Monthly 6	Weekly 7	Daily or almost daily 8

Are you currently receiving services from a psychologist, a substance abuse program or counselor, and/or a mental health program or counselor? (Circle your answer)

YES	NO
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The comprehensive screening tools were developed as a way to provide a quick measure of mental health and substance abuse issues in the primary care setting. Areas covered: substance abuse, depression, anxiety and familial relations. The backside of the forms allow for fast documentation for the medical record. The scoring instructions below correspond with the appropriate sections on each of the tools.

Adult Behavioral Health Screener

PHQ – Patient Health Questionnaire 2+1 (initial Depression and Anxiety Screen)

1. Sum items 1 & 2. If total is ≥ 3 then result is a positive screen. Recommend completing PHQ-9, which is provided in the toolkit to further assess depressive symptoms.*
2. If item 3 is endorsed ≥ 1 then result is a positive screen and warrants further assessment.

AUDIT – Alcohol Use Disorder Identification Test (Alcohol Screen)

3. Sum items 1, 2 & 3. If total ≥ 5 then result is a positive screen and warrants further assessment.

NM-ASSIST – National Institute Drug Abuse Modified Alcohol, Smoking and Substance Involvement Screening Test

4. Drug Use – If Item 4 is endorsed as “Daily or Almost Daily” then result is a positive screen and warrants further assessment.

5. Alcohol and Drug Functional Impairment – Sum items 5, 6 & 7. If total is ≥ 15 then result is a positive screen and warrants further assessment.

Conversation Starter Questions

6. The last question was included to assist with making appropriate referrals for further behavioral health and/or substance use assessment.

Screening Instructions

1. Client (or guardian for children) completes the screening tool as part of their regular visit paperwork.
2. PCP and/or office staff calculates the score.
3. If screen is positive, PCP will discuss results with member and refer for a full assessment if needed.
4. PCP completes documentation side of the tool to place in the medical record.
5. PCP’s office bills procedure code – 96160 – in addition to their E & M code.

**Optional: PHQ-9 (follow-up depression screen located in toolkit provided)
Sum items 1-9 to determine severity of depressive symptoms
1-4 Minimal symptoms
5-9 Mild symptoms
10-14 Moderate symptoms
15-19 Moderately severe symptoms
20-27 Severe symptoms
If item 9 is endorsed ≥ 1 then result is a positive screen and warrants further assessment.
Item 10 provides estimate of functional impairment.*

Patient's Name: _____

Screening Date: _____

Screening Results

PHQ-2 for depression was

- Negative
- Positive
- Positive for suicidal ideation

AUDIT for alcohol use was

- Negative
- Positive

Drug use screen was

- Negative
- Positive

Symptoms endorsed on patient's drug and alcohol screen _____ in functional impairment.

- Do not result
- Result

Patient currently followed by a mental health provider

- No
- Yes – Provider is _____

Screening Summary

Patient's overall screen was:

- Negative.
- Positive, but patient is already followed by a mental health provider.
- Positive and warrants further monitoring.
- Positive and warrants further assessment.

Intervention

- Reviewed screening results with patient/family.
- Discussed with patient/family impact of screening results on patient's health & need for:
 - Continued monitoring of patient's symptoms.
 - Further assessment by a behavioral health provider.
 - Patient to follow up with patient's current mental health provider.
- Patient/family given copy of screening results.

Referral

- No referral made at this time.
- Referred patient to in-house Behavioral Health/Pediatric Psychology service for further assessment and treatment recommendations.
- Referred patient to _____
- Patient/family has appointment _____
- Patient/family given contact number 1-800-652-2010 to call for assistance with locating a behavioral health provider to conduct further assessment.

Comments

