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HEALTH SYSTEMS DIVISION
Behavioral Health Programs

Oregon Health Authority

Alcohol and Other Drug Screening Specialist (ADSS)

Screening and Referral Report

OAR 415-054-0490(6) – Within five days of the referral the ADSS shall provide a copy of the referral and screening instrument to the individual and the selected DUII Service Provider.

Client information

Name: Date of birth:

Street address: Home phone:

Mailing address *(if different from above)*: Cell phone:

Oregon driver license number *(or reference number, customer service number or identification number)*:

Incident information

Incident date: SID number: Court and case number:

DUII type *(mark all that apply):*

☐ Alcohol. Blood alcohol concentration (BAC): ☐ Breath ☐ Blood ☐ Refused

☐ Controlled substance. List substance(s):

☐ Inhalant. List inhalant(s):

Adjudication date: ☐ DUII Diversion. Diversion end date:
☐ DUII Conviction

Screening information

Screening date: TCU risk score: Total number of DUIIs *(including current)*:

Type of screening *(select one)*: ☐ Face-to-face ☐ Telephone

For telephone screenings, please briefly describe why the screening was not face-to-face:

Does the client have previous alcohol and/or other drug arrests? ☐ Yes ☐ No

If yes, include date/city of arrest and disposition:

Does the client have a prior diagnosis or treatment for alcohol and/or other drugs? ☐ Yes ☐ No

If yes, include name of treatment provider(s) and date(s) of attendance:

Screening Summary – *Please provide any other relevant screening information, including any barriers to completing services the individual may have. Attach additional pages if needed.*

Preliminary service level recommendation – *This recommendation is based on information available at the time of the screening. The DUII Services Provider will make the final service level determination based on their diagnostic assessment consistent with Oregon Administrative Rule 309-019-0195(3).*

Recommended for:	☐ **DUII Education Program**	☐ **DUII Rehabilitation Program**

Referred to:

Agency:	Contact person:
Street address:	City/State/ZIP code:
Mailing address:	City/State/ZIP code:
Phone number:	Fax number:

Referred by:

Printed name of ADSS	Signature of ADSS
Referral date:	Phone number:
Email:	

Re-referred to (if applicable):

Agency:	Contact person:
Street address:	City/State/ZIP code:
Mailing address:	City/State/ZIP code:
Phone number:	Fax number:

Re-referred by:

Printed name of ADSS	Signature of ADSS
Re-referral date:	Phone number:
Email:	

Notice Prohibiting Re-Disclosure of Substance Use Disorder Information:

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see §2.31). The federal rules restrict any use of information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§2.12(c)(5) and 2.65.

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