Montana Department of Public Health & Human Services
SUBSTANCE ABUSE MANAGEMENT SYSTEM

CLIENT DIAGNOSIS FORM

Name:					Account #:				
Program #					Facility				

SUBSTANCE ABUSE	
DSM-IV: When any one of A (1-4) and both B and C are Yes, A definite diagnosis is made.	
A. Has the client experienced the following?	
1. Recurrent failure to meet important responsibilities due to use?	☐ Yes ☐ No
2. Recurrent use in situations when this is likely to be physically dangerous?	☐ Yes ☐ No
3. Recurrent legal problems from use?	☐ Yes ☐ No
4. Recurrent problems aggravated by the substance use?	☐ Yes ☐ No
B. Have these symptoms occurred within the last 12 months?	☐ Yes ☐ No
C. Client had never met the criteria for dependence.	☐ Yes ☐ No
Comments:	

SUBSTANCE DEPENDENCE	
DSM-IV: When any Three of 1-7 and B are YES, a definite diagnosis of dependence is made.	
1. Tolerance (needing more to become intoxicated or discovering less effect with the same amount):	☐ Yes ☐ No
2. Withdrawal *(characteristic withdrawal associated with type of drug):	☐ Yes ☐ No
3. Using more or for longer periods than intended?	☐ Yes ☐ No
4. Desire to or unsuccessful efforts to cut down?	☐ Yes ☐ No
5. Considerable time spent in obtaining the substance or using, or recovering from its effects:	☐ Yes ☐ No
6. Important social, work, or recreational activities given up because of use?	☐ Yes ☐ No
7. Continued use despite knowledge of problems caused by or aggravated by use?	☐ Yes ☐ No
B. Have these positive items (in 1-7) been present during the same 12 month period?	☐ Yes ☐ No
Comments:	

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DSM-IV DIAGNOSIS							
Diagnosis				.			
Diagnosis Description							

CO-OCCURRING			
Co-occurring/Diagnosis Code			
MH Treatment Plan?	☐ Yes	☐ No	
Co-Occurring Condition:	☐ Yes	☐ No	
MH Screening Results:	☐ Negative	☐ Positive	☐ Not Screened

Diagnosis Codes *(Please indicate A, B, C)*	
Adjustment Disorders	Organic or Cognitive Disorders
Amnestic Disorder	Other Psychotic Disorder
Anxiety Disorder	Personality Disorder
Disorder due to a general medical cond.	Pervasive Developmental Disorder NOS
Dissociative Disorders	Posttraumatic Stress Disorder
Eating Disorders	Schizophrenic Disorder
Hyperkinetic Disorders	Sexual Disorders
Impulse Control Disorders	Sleep Disorders
Mood Disorder	Somatoform Disorders

DRUG MATRIX FORM
☐ A DRUG MATRIX FORM has been completed for this client.