**Case Submission Form**

**Please complete this form electronically and email to Melissa Cloyd, Coordinator, at** **etsubmatecho@gmail.com****. Thank you!**

ID:

Clinical Question:

History of Present Illness:

Past Medical History:

Chronic Medical/Mental Health Issues/Diagnoses:

Treatment hx (inpatient, IOP, AA/NA):

Substance hx (past use, current/recent use):

Medications/Allergies:

Social History:

* ACEs/PHQ9/GAD7/Other Screenings Score:
* Education:
* Legal hx:
* Housing:
* Job/Work/Disability:
* Support System:

Family History:

Substance Use Disorder Severity (see DSM 5 criteria) and for which substances:

Strengths:

Tox Screens:

Other Labs:

PMDP/CSMD/PMP Concerns:

Patient Goals: