



HEALTH ASSESSMENT WHEN QUESTIONING SUBSTANCE USE

Name: _____ School: _____

Date: _____ Time: _____ Grade: _____ Age: _____

PHYSICAL ASSESSMENT

BP HR Regular Irregular

Temp RR Regular Irregular

Level of consciousness to time, place person: Alert/Oriented Confused Stupor

Speech: Normal Slurred Rapid/Forced Rambling Other

Odor: None Possible Alcohol Possible Marijuana Mouthwash Vomitus

Hand tremors: Yes No

Runny nose: Yes No

Muscle tone: Rigid Flaccid Normal

Other observations (vomiting, incontinent, bruises/marks on body):

COORDINATION (do all of these with eyes closed)

	Able to perform	Unable to perform
Walk a straight line:	<input type="checkbox"/>	<input type="checkbox"/>
Finger to nose (with arms extended and head back):	<input type="checkbox"/>	<input type="checkbox"/>
Touch toes:	<input type="checkbox"/>	<input type="checkbox"/>
Tell examiner from "start" when 30 seconds have elapsed:	<input type="checkbox"/>	<input type="checkbox"/>

EYES

Pupils: Normal Constricted Dilated

Reaction to light: Reactive Slowed Non-Reactive

Sclera: Normal Reddened

Tracking: Eyes track Eyes do not track

Contact lenses: Yes No

Nystagmus: No Yes

BEHAVIOR check all that apply

Appearance: Normal Dazed Scared Sleepy Jittery
 Belligerent Restless Other

Behavior: Normal Depressed Euphoric Drowsy Anxious
 Paranoid Relaxed Other _____

Mental Status: Normal Confused Lethargic Distortion of time
 Hallucinating Other _____

HISTORY: (use another sheet of paper if necessary) _____

Are you sick or injured: _____

Do you have any known medical problems? _____

How are you feeling now? _____

When did you start feeling this way? _____

List any drugs (prescription, over-the-counter, illegal) or alcohol that have been taken in the last 24 hours.

IF VITAL SIGNS, LOSS OF CONSCIOUSNESS, AND COORDINATION ARE SIGNIFICANTLY IMPAIRED, CALL 911 AND BE PREPARED TO ESTABLISH AN AIRWAY AND PERFORM CPR.

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Hospital of Choice: _____

Disposition: _____

Additional comments: _____

Administrator: _____ School: _____

Nurse: _____ School Resource Officer: _____

Date: _____