DIAGNOSIS DETERMINATION NOTE

Client Name:	Client ID:

Substance Use Disorder Criteria

Below: Identify the name of each substance and check off the DSM-5 criteria that have occurred in the **past 12 months** related to each substance.

	Substance #1:	**Substance #2:**	**Substance #3:**	**#1**	**#2**	**#3**
1.	Substance often taken in larger amounts or over a longer period than was intended			☐	☐	☐
2.	There is a persistent desire or unsuccessful efforts to cut down or control substance use			☐	☐	☐
3.	A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects			☐	☐	☐
4.	Craving, or a strong desire or urge to use the substance			☐	☐	☐
5.	Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home			☐	☐	☐
6.	Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance			☐	☐	☐
7.	Important social, occupational, or recreational activities are given up or reduced because of substance use			☐	☐	☐
8.	Recurrent substance use in situations in which it is physically hazardous			☐	☐	☐
9.	Continued substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance			☐	☐	☐
10.	Tolerance, as defined by either of the following: a need for markedly increased amounts of the substance to achieve intoxication or desired effect or a markedly diminished effect with continued use of the same amount of the substance			☐	☐	☐
11.	Withdrawal, as manifested by either of the following: the characterizing withdrawal syndrome for the substance or substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms			☐	☐	☐
			Total Number of Criteria			

Basis for Diagnosis Narrative (Document the basis or justification for the diagnosis using applicable DSM-5 criteria. Narrative should be individualized to capture client specifics for each criteria checked. Include all applicable DSM-5 specifiers, including if a client has only maintained sobriety in a Controlled Environment.)

DSM-5 Diagnosis(es)/ICD-10 Code(s): _____

LPHA or MD Printed Name and Credentials	**LPHA or MD Signature**	**Date**