

90-120 APPENDIX A. FORM 11-94 HHSA

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY DOCUMENTATION OF REASONABLE SUSPICION

1. CASE NO. AND FBU: _____

NAME: _____

SSN: _____

2. THE CLIENT EXHIBITED THE FOLLOWING OBJECTIVE SYMPTOMS:

APPEARANCE		BEHAVIOR	
<input type="checkbox"/> burned fingertips or lips	<input type="checkbox"/> drug symbols/paraphernalia	<input type="checkbox"/> extremely thin	<input type="checkbox"/> needle marks or tracks
<input type="checkbox"/> profuse sweating, chills	<input type="checkbox"/> ulcers/sores in and around nose	<input type="checkbox"/> belligerent	<input type="checkbox"/> blank stare, stupor
		<input type="checkbox"/> distracted or poor concentration	<input type="checkbox"/> delusions or hallucinations
		<input type="checkbox"/> hyperactivity/agitated/ anxious/rapid breathing	<input type="checkbox"/> lethargic
		<input type="checkbox"/> nodding off	<input type="checkbox"/> non-responsive
		<input type="checkbox"/> paranoia	<input type="checkbox"/> scratching
		<input type="checkbox"/> tremors/shaking, e.g. hands	<input type="checkbox"/> unstable balance, uncoordinated
		<input type="checkbox"/> unusual behavior _____	

BREATH	EYES	SPEECH	FACE
<input type="checkbox"/> alcoholic	<input type="checkbox"/> bloodshot	<input type="checkbox"/> abusive	<input type="checkbox"/> acne/sores
	<input type="checkbox"/> erratic eye movement	<input type="checkbox"/> mumbles/rambles	<input type="checkbox"/> broken blood vessels-nose
	<input type="checkbox"/> pupils, enlarged	<input type="checkbox"/> rapid	<input type="checkbox"/> runny nose/sniffing
	<input type="checkbox"/> pupils, pinpointed	<input type="checkbox"/> slurred	<input type="checkbox"/> strong thirst/dry mouth
	<input type="checkbox"/> sunglasses indoors	<input type="checkbox"/> excessive talking	
	<input type="checkbox"/> watery		

3. DOES THE CLIENT ADMIT TO:

An alcohol/drug problem? NO YES

Prior arrests/drug treatment? NO YES

4. DOES MEDS OR SSA INDICATE THAT THE CLIENT HAS BEEN DISCONTINUED OR DENIED SSI DUE TO DA & A?

NO YES

5. OTHER BASES, IF ANY, FOR REFERRAL (i.e., PRIOR SUBSTANCE ABUSE SERVICES ORIENTATION/PHASE III REFERRAL OR CODED CD ON SS):

6. ARE THERE ANY OTHER FACTS AVAILABLE THAT COULD ATTRIBUTE TO SOMETHING OTHER THAN SUBSTANCE ABUSE?

NO YES

IF YES, EXPLAIN _____

7. BASED ON ITEMS 2 THROUGH 6 ABOVE, DOES REASONABLE SUSPICION EXIST TO REFER THE CLIENT TO SUBSTANCE ABUSE SERVICES?

NO YES

COMPLETED BY (initials) _____

Wk No.: _____

DATE: _____