

## SUBSTANCE USE EVALUATION (ALCOHOL AND DRUGS)

### SECTION 1: GENERAL INFORMATION and HISTORY (to be completed by driver/applicant)

Please print or type. Attach additional pages where necessary. PLEASE KEEP COPIES OF ALL DOCUMENTS (INCLUDING THIS FORM) THAT YOU SUBMIT.

Name (First, Middle, Last)	Date of Birth	Driver's License Number
Street Address		Telephone Number 8 a.m. – 5 p.m.
City	State	ZIP

**Lifetime Conviction History:** List all driving convictions (e.g., operating while intoxicated or impaired driving) and nondriving convictions (e.g., drug crimes, domestic violence, MIP, or disorderly persons) involving alcohol or controlled substances. Include juvenile dispositions.

Driving Convictions	Date	Bodily Alcohol Content or Drug Type (If known)	Nondriving Convictions	Date	Bodily Alcohol Content or Drug Type (If known)

I authorize the Evaluator named on Page 2 to furnish the information set forth on this form and to discuss the information with the Michigan Department of State. I understand this form may also be used as my written request for hearing. I certify that my responses contained in this document are true and accurate to the best of my knowledge and belief.

Driver/Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2: HISTORY and EVALUATION (to be completed by evaluator)

Please print or type. Attach additional pages where necessary.

**Lifetime Treatment History for Alcohol and/or Drug Use Disorders:** Attach each treatment plan and discharge report.

Program Type (e.g., Detoxification, Residential/Inpatient, Intensive Outpatient, Outpatient [individual and/or group], Education, Driver Safety Intervention Course)	Beginning and Ending Dates	Name of Program, Therapist or Group Leader, and Location	Treatment Outcome

Medication assisted treatment (e.g., Methadone, Antabuse, Buprenorphine, or Campral): Medication: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_ Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

**Lifetime Support Group History:** List all time periods of attendance and frequency.

Period	Frequency	Type (e.g., AA/NA or Women For Sobriety)	Sponsor Yes or No?

**Diagnostic Impression (DSM-IV):** Indicate all past and present alcohol, drug and mental health diagnoses.

Diagnoses:

Supporting facts for diagnostic impression:

Course specifiers (check all that apply):

Early Full Remission	Sustained Full Remission	On Agonist Therapy	Sustained Recovery
Early Partial Remission	Sustained Partial Remission	In a Controlled Environment	None Applicable

