



Department of Behavioral Health  
Substance Use Disorder and Recovery Services

## Immediate Need Profile

Consider each of the six dimensions, checking “yes” or “no” to these questions and obtaining from the caller sufficient data to assess for immediate needs.

### A. CLIENT INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

### B. IMMEDIATE NEED PROFILE

#### 1. Acute intoxication and/or withdrawal potential

a. Currently having severe, life-threatening, and/or similar withdrawal?  Yes  No

#### 2. Biomedical Conditions and Complications

a. Any current, severe physical health problems (e.g., bleeding from the mouth or rectum in the past 24 hours; recent unstable hypertension; recent, severe pain in chest, abdomen, head; significant problems in balance, gait, sensory, or motor abilities not related to intoxication?)  Yes  No

#### 3. Emotional/ Behavioral /Cognitive Conditions and Complications

a. Imminent danger or harming self or someone else (e.g., suicidal ideation with intent, plan, and means to succeed; homicidal or violent ideation; impulses and uncertainty about ability to control impulses, with means to act on)?  Yes  No

b. Unable to function in activities of daily living or care for self with imminent, dangerous consequences (e.g., unable to bathe, feed, groom, and care for self-due to psychosis, organicity, or uncontrolled intoxication with threat to imminent safety or self or others as regards death or severe injury)?  Yes  No

Provider:
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DOB:
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#### 4. Readiness to Change

a. Does patient appear to need alcohol or other drug treatment/recovery and/or mental health treatment, but ambivalent or feels it unnecessary (e.g., severe addiction, but patient feels controlled use still OK; psychotic, but blames a conspiracy)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Patient has been coerced, mandated, or required to have assessment and/or treatment by mental health court or criminal justice system, health or social services, work or school, or family or significant other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 5. Relapse, Continued Use, or Continued Problem Potential

a. Is patient currently under the influence and/or acutely psychotic, manic, suicidal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is patient likely to continue to use or have active, acute symptoms in an immediately dangerous manner, without immediate secure placement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is patient's most troubling presenting problem(s) that brings the patient for assessment dangerous to self or others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### 6. Recovery Environment

a. Are there any dangerous family; significant others; living, work, or school situations threatening patients' safety, immediate wellbeing, and/or sobriety (e.g., living with a drug dealer; physically abused by partner or significant other; homeless in freezing temperatures)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**KEY**

“Yes” answer to questions **1, 2 and/or 3 require** that the patient immediately receive medical or psychiatric care for evaluation of need for acute, inpatient care.

“Yes” answer to questions **4a and b, or 4b alone require**, the patient to be seen for assessment within 48 hours, and preferable earlier, for motivational strategies, unless patient is imminently likely to walk out and needs more structured intervention.

For a “yes” answer to questions **5a**, asses further for need for immediate intervention (e.g., taking keys of car away; having a relative/friend pick patient up if severely intoxicated and unsafe; evaluate need for immediate psychiatric intervention).

“Yes” to questions **5b, 5c, and/or 6 without any “yes” answer in questions 1, 2, or 3 require** that the patient be referred to a safe or supervised environment (e.g., shelter, alternative safe living environment, or residential or subacute care setting, depending on level of severity and impulsivity).

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