

NORTH CAROLINA DIVISION OF MOTOR VEHICLES

Full Name	
Address	
Driver License/Customer Number	

Dear Customer:

The Medical Advisor is requesting additional information to properly evaluate your case.

Enclosed is a Substance Abuse Evaluation Form. This form must be completed by a certified Substance Abuse Counselor approved by the North Carolina Substance Abuse Professional Certification Board. A list of counselors in your area is also enclosed. You must contact one of these counselors and arrange an appointment. To avoid the cancellation of your driving privilege, the form must be completed and returned to the Division within 30 days.

Please give this matter your immediate attention to expedite your medical evaluation. If you have any questions, you may contact us at (919) 861-3809.

If you wish to be considered for removal from the Medical Review Program, you must submit a DL-79 (Removal Request Form) to the Medical Review Program, 3112 Mail Service Center, Raleigh NC 27697-3112.

Sincerely,

Assistant Director of Medical Review

Customer Name	
Customer No.	

1. Outline drug (prescription or non-prescription) or alcohol use including date of last use and pattern of use in the past 12 months.
2. Give brief psychosocial history including family, work, legal history, abbreviated mental status, and treatment history.
3. If not currently alcohol/drugs, what is being done to support abstinence?
4. Does the individual meet the DSM-V criteria for alcohol/drug dependency (active or in remission) or alcohol/drug abuse? Active Remission (Remission indicates minimum of twelve months abstinence)
5. Evaluator's Recommendation: (recommend a set of goals and treatment plan including further evaluations) for client's continued recovery.
6. List additional comments, if any.
7. Did you verbally review your findings with your client? Yes No

Instructions:

Indicate the total number of pages submitted including this cover letter. List client's name and license number on each additional page. Please sign and date each page.

Evaluator's Signature	
Address	
Phone Number	
Certification No.	
Date of Evaluation	
Expiration Date	
Applicant's Phone Number	

Please mail the completed document to: NCDMV, Medical Review Program, 3112 Mail Service Center, Raleigh, NC 27697-3112.