



Client Name:			Today's Date:		
Admission Date:	Number of days in treatment:				
Avatar ID#:	SSN#:		DOB:		
Project:	County:				
Phone:	Phone: Preferred Language:				
Gender: Male Female	e Trans Other	If fema	le, pregnant? Yes	No Unsure	
Medi-Cal Status:	Medi-Cal Status: CIN #:				
If yes, describe? If no, when was the	to have physical withdraw	DRAWAL POTENTIAL val symptoms while in trea thdrawal symptoms?			
Dimension 1 Comments/Rat	cionale:				
Risk Severity Rating: 0	1 2 3	3 4			
0	1	2	3	4	
No signs of withdrawal/intoxication present	Mild/moderate intoxication, interferers with daily functioning. Minimal risk of severe withdrawal. No danger to self/others.	May have severe intoxication but responds to support. Moderate risk of severe withdrawal. No danger to self/others.	Severe intoxication with imminent risk of danger to self/others. Risk of severe manageable withdrawal.	Incapacitated. Severe signs and symptoms. Presents danger, i.e. seizures. Continued substance use poses an imminent threat to life.	
	medical or physical health	<u> </u>	Yes	No	
If no, what has help	oed you stay healthy?			No	
 Do you have medical or health conditions that are affecting your treatment? Yes No Further Detail: 					
2	d with a primary	cicion vahila la cia - i - to - t	mont? Y	No	
·		sician while being in treatr	ment? Yes	INO	
	annointment:				
	appointment:				
if no, how are you	attempting to get one?				

Dimension 2 Comments/Rationale:					
Risk Severity Rating:	0 1 2	3 4			
0	1	2	3	4	
Fully functional/ able to cope with discomfort or pain. Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with physical discomfort.		physical problems. Acute,	Serious medical problems being neglected during treatment. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.	
DIMENSION 3: EMOTION	AL, BEHAVIORAL, OR COG	SNITIVE CONDITIONS AND C	COMPLICATIONS		
	een diagnosed with a men rent mental health diagno		Yes	No	
	ed with mental health serv		Yes	No	
If yes, contact info:					
If no, how are you att	tempting to connect and/o	or how can we help you?			
4. Are you having a	ny mental health sympton	ns or emotional distress tha	t is affecting your treatme	nt? Yes No	
5. Is past abuse or t	rauma still causing you dis	stress while in treatment?	Yes	No	
6. What coping skill	s have you learned or dev	reloped while in treatment t	o help with your mental h	ealth?	
Dimension 3 Comments/R	Rationale:				
Risk Severity Rating:	0 1 2	3 4			
0	1	2	3	4	
Good impulse control and coping skills. No dangerousness, good social functioning and self-care, no interference with recovery.	Suspect diagnosis of EBC, requires intervention, but does not interfere with recovery. Some relationship impairment.	Persistent EBC. Symptoms distract from recovery, but no immediate threat to self/others. Does not prevent independent functioning.	Severe EBC, but does not require acute level of care. Impulse to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC. Requires acute level of care. Exhibits severe and acute life-threatening symptoms (posing imminent danger to self/others).	

DIMENSION 4: READINESS TO CHANGE



1.	1. What changes have you made while in treatment?						
2.	2. What will continue to motivate you or enhance your motivation to stay clean/sober?						
3. Dimens	(Counselor's obs		:				
Risk Sev	verity Rating:	0 1 2	3 4				
	0	1	2	3	4		
-	letely engaged in treatment.	Ambivalent of the need to change.	Low commitment to change substance use. Passive engagement in treatment.	Unaware of need to change. Unwilling or partially able to follow through with recommendations for treatment.	Not willing to change. Unwilling/unable to follow through with treatment recommendations		
3. 4.		e to use. 0=No Desire 10=S nain triggers at this time, i	=	2 3 4 5 6 7 8 9	10		
5.	What coping ski	lls have you developed/lea	arned while being in treatm	ent?			
6.	What support gi	roups or activities do you f	ind helpful to your recovery	(?			
Dimens	ion 5 Comments/	Rationale:					
	Risk Severity Rat	ting: 0 1	2 3 4				
	0	1	2	3	4		
	otential for relapse. I ability to cope.	Minimal relapse potential. Some risk, but fair coping and relapse prevention skills.	Impaired recognition of risk for relapse. Able to self-manage with prompting.	Little recognition of risk for relapse, poor skills to cope with relapse.	No coping skills for relapse/ addiction problems. Substance use/behavior, places self/other in imminent		

DIMENSION 6: RECOVERY/LIVING ENVIRONMENT



	What housing options are you currently considering after residential treatment?					
2.						
3.		If yes, explain: oped a recovery and/or social support network?				Yes No
4.	How do you pla	n on supporting yo	ourself financial	ly?		
Dimensi	ion 6 Comments/	Rationale:				
	Risk Severity Ra	ting: 0	1 2	3 4		
	Misk Severity Na	ung. 0		3 4	<u> </u>	
Abla +a	ope in environment/	1 Passive/disinterested	d social	2 portive environment,	3 Unsupportive environment,	4 Environment toxic/hostile to
supportive		support, but still able cope.	e to but ak	le to cope with clinical ure most of the time.	difficulty coping even with clinical structure.	recovery. Unable to cope and the environment may pose a threat to safety.
	very Support Serv	rices		☐ Recovery Su	pport Services	
 □ ASAN 	M 1.0 M 2.1 M 3.1 M 3.3 M 3.5 M 3.7			☐ ASAM 1.0 ☐ ASAM 2.1 ☐ ASAM 3.1 ☐ ASAM 3.3 ☐ ASAM 3.5 ☐ ASAM 3.7 ☐ ASAM 4.0		
 □ ASAM □ Other 	M 1.0 M 2.1 M 3.1 M 3.3 M 3.5 M 3.7 M 4.0 id Treatment Prog M 1 – WM M 3.2 – WM M 3.7 – WM M 4 – WM			□ ASAM 1.0 □ ASAM 2.1 □ ASAM 3.1 □ ASAM 3.3 □ ASAM 3.5 □ ASAM 3.7 □ ASAM 4.0 □ Opioid Treat □ ASAM 1 − W □ ASAM 3.2 − □ ASAM 3.7 − □ ASAM 4 − W □ Other	ment Program (OTP) M WM WM	
 □ ASAM □ ASAM □ ASAM □ ASAM □ ASAM □ Opioi □ ASAM □ Recover 	M 1.0 M 2.1 M 3.1 M 3.3 M 3.5 M 3.7 M 4.0 id Treatment Prog M 1 – WM M 3.2 – WM M 3.7 – WM M 4 – WM	gram (OTP)		□ ASAM 1.0 □ ASAM 2.1 □ ASAM 3.1 □ ASAM 3.3 □ ASAM 3.5 □ ASAM 3.7 □ ASAM 4.0 □ Opioid Treat □ ASAM 1 − W □ ASAM 3.7 − □ ASAM 3.7 − □ ASAM 4 − W	pport Services Ement Program (OTP) M WM WM MM Sidence	
□ ASAM	M 1.0 M 2.1 M 3.1 M 3.3 M 3.5 M 3.7 M 4.0 id Treatment Prog M 1 – WM M 3.2 – WM M 4 – WM M 4 – WM er very Residence Services	gram (OTP)		□ ASAM 1.0 □ ASAM 2.1 □ ASAM 3.1 □ ASAM 3.3 □ ASAM 3.5 □ ASAM 3.7 □ ASAM 4.0 □ Opioid Treat □ ASAM 1 − W □ ASAM 3.7 − □ ASAM 4 − W □ Other □ Recovery Re	pport Services Ement Program (OTP) M WM WM MM Sidence	
□ ASAM	M 1.0 M 2.1 M 3.1 M 3.3 M 3.5 M 3.7 M 4.0 id Treatment Prog M 1 – WM M 3.2 – WM M 3.7 – WM M 4 – WM W 4 – WM Very Residence	gram (OTP)		□ ASAM 1.0 □ ASAM 2.1 □ ASAM 3.1 □ ASAM 3.3 □ ASAM 3.5 □ ASAM 3.7 □ ASAM 4.0 □ Opioid Treat □ ASAM 1 − W □ ASAM 3.7 − □ ASAM 4 − W □ Other □ Recovery Re	pport Services Ement Program (OTP) M WM WM MM Sidence	
ASAM ASAM ASAM ASAM ASAM ASAM ASAM ASAM	M 1.0 M 2.1 M 3.1 M 3.3 M 3.5 M 3.7 M 4.0 id Treatment Prop M 1 – WM M 3.2 – WM M 3.7 – WM M 4 – WM er very Residence Services	gram (OTP)		□ ASAM 1.0 □ ASAM 2.1 □ ASAM 3.1 □ ASAM 3.3 □ ASAM 3.5 □ ASAM 3.7 □ ASAM 4.0 □ Opioid Treat □ ASAM 1 − W □ ASAM 3.7 − □ ASAM 4 − W □ Other □ Recovery Re □ MAT Service	pport Services Ement Program (OTP) M WM WM MM Sidence	
ASAM ASAM ASAM ASAM ASAM ASAM ASAM ASAM	M 1.0 M 2.1 M 3.1 M 3.3 M 3.5 M 3.7 M 4.0 id Treatment Prog M 1 – WM M 3.2 – WM M 4 – WM M 4 – WM er very Residence Services n for Difference A, no difference	gram (OTP) (if any - L): Client prefer	renceI	□ ASAM 1.0 □ ASAM 2.1 □ ASAM 3.1 □ ASAM 3.3 □ ASAM 3.5 □ ASAM 3.7 □ ASAM 4.0 □ Opioid Treat □ ASAM 1 − W □ ASAM 3.2 − □ ASAM 3.7 − □ ASAM 4 − W □ Other □ Recovery Re □ MAT Service	pport Services Ement Program (OTP) M WM WM IM sidence	urance/payment

IF referral being made but admission is expected to be delayed, reason (N):	
□ Waiting for LOC availability	
□ Waiting for Language specific services	
□ Incarceration	
□ Hospitalization	
□ Other (0):	