

San Mateo County Mental Health

LOCUS

Adult Level of Care Utilization System

Client Name _____	MH # _____
DOB _____	Provider/Program _____
Clinician's Name _____	

Refer to scoring criteria provided in separate packet when completing this form.

Dimension	Dimension Rating					
	(Please circle score and write number on line then total)					
	Minimal		Extreme			
1. Risk of Harm	1	2	3	4	5	_____
2. Functional Status	1	2	3	4	5	_____
3. Medical, Addictive and Psychiatric Co-Morbidity	1	2	3	4	5	_____
4. Recovery Environment						
4a. Environment Stressors	1	2	3	4	5	_____
4b. Environmental Support	1	2	3	4	5	_____
5. Treatment and Recovery History	1	2	3	4	5	_____
6. Engagement	1	2	3	4	5	_____
TOTAL of Subscales						_____

Extent to which above total LOCUS rating is influenced by substance abuse, unresolved medical condition, developmental disability, or situational crisis.						
	Minimal			Extreme		
	1	2	3	4	5	_____
Describe:						

Clinician Signature _____ **Date** _____