**SASD Adult integrated Placement Assessment**

**DIMENSION 1. ACUTE INTOXICATION AND / OR WITHDRAWAL POTENTIAL**

Do you have a history of withdrawal symptoms?  □ Yes  □ No

When you haven't been able to obtain alcohol and/or other drugs (AOD), cut down on your use, or stopped using; have you experienced any of the following:

- Diarrhea
- Hand Tremors
- Fatigue
- Vivid, unpleasant dreams
- See, feel, or hear things that aren't there
- Seizures
- Nausea / Vomiting
- Insomnia or Hypersomnia
- Memory Loss
- Feeling sad, tense, or angry
- Fever
- Sweating or heart racing
- Anxiety
- Increased appetite
- Runny nose / watery eyes
- Agitated (fidget, pace, etc.)
- Yawning
- Muscle aches
- Move and talk slower than usual

Are you currently experiencing any of the above?  □ Yes  □ No  Explain: ____________________________

Have any of these symptoms kept you from doing social, family, job or other activities?  □ Yes  □ No

Have you used AOD to stop or avoid having these symptoms?  □ Yes  □ No

Are the symptoms due to a medical condition or some other problem?  □ Yes  □ No

**Substance Use Background** Please use the following codes on the tables below:

**Route of Administration:**
- 1- Oral
- 2 - Smoking
- 3 - Inhalation
- 4 - Injection-IV
- 5 - Injection-Intramuscular
- 8 - Other (Specify)

**Frequency of Use:**
- 1 - No use in the past month
- 2 - 1-3 times in the past month
- 3 - 1-2 times in the past week
- 4 - 3-6 times in the past week
- 5 - Daily
- 8 - Other

<table>
<thead>
<tr>
<th>Class of Substance</th>
<th>Specific Substance</th>
<th>Route of Admin.</th>
<th>Age First Used</th>
<th>Last Use</th>
<th>How Long Used</th>
<th>Amount of Use</th>
<th>Frequency of Use</th>
<th>Periods of Abstinence</th>
<th>Rank Substance in order of use</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>None</td>
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<td>C</td>
<td>Cocaine/Crack</td>
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<td>F</td>
<td>Non-Prescription Methadone</td>
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<td>G</td>
<td>Other Opiates and Synthetics</td>
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<td>I</td>
<td>Other Hallucinogens</td>
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<td>Other Amphetamines</td>
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<td>Other Stimulants</td>
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<td>Benzodiazepines</td>
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<td>N</td>
<td>Other Nonbenzodiazepine tranquilizers</td>
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<td>O</td>
<td>Barbiturates</td>
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<td>P</td>
<td>Other non-barbiturate sedatives or hypnotics</td>
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<td>Over-the-counter</td>
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<td>Other</td>
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</table>
DIMENSION 2. BIOMEDICAL CONDITIONS AND COMPLICATIONS

Do you have / have you had any medical problems, including infectious communicable diseases? □ Yes □ No

Do you have any known allergies? □ Yes □ No Explain:

Does your chemical use affect your medical conditions in any way? □ Yes □ No

List any medications you currently take, have taken, or should take:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Prescribed For</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Taking as Prescribed</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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<td>□ Yes □ No</td>
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<td>□ Yes □ No</td>
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<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

List previous hospitalizations:

<table>
<thead>
<tr>
<th>Date</th>
<th>Facility</th>
<th>Length of Stay</th>
<th>Treated For</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Are you pregnant? □ Yes □ No □ NA Are you receiving prenatal care? □ Yes □ No □ NA # of Pregnancies 0

Pain Assessment Scale

Do you have pain now? □ Yes □ No If yes, where ________________

Rate the pain in relation to what represents the amount of pain you are experiencing:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pain</td>
<td>Mild</td>
<td>Moderate</td>
<td>Worst pain imaginable</td>
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</tbody>
</table>

Is this pain related to withdrawal? □ Yes □ No □ NA If yes, explain: ________________________________

How long have you been in pain? ________________ What makes the pain better or worse? __________________

What medications do you take to relieve the pain?

Have you had this same pain in the recent past? □ Yes □ No □ NA If yes, explain: ____________________________

Are you under a doctor's care for this pain? □ Yes □ No □ NA If yes, explain: ____________________________

TB Checklist Have you had TB or tested positive for TB in the past? □ Yes □ No

For more than two weeks do you....

Have sputum-producing cough? □ Yes □ No Have night sweats? □ Yes □ No

Cough up blood □ Yes □ No Have a fever □ Yes □ No

Have loss of appetite □ Yes □ No Receive a TB medication □ Yes □ No

DIMENSION 3. EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS

As a child, were there any serious physical injuries or mental illnesses causing trauma? □ Yes □ No

Describe: ________________________________

Have you ever been diagnosed with a Mental Illness? □ Yes □ No Describe: ________________________________
ASAIS ID: ____________________ Last Name: ____________________ First Name: ____________________ MI: ____________________

Have you ever had any treatment for mental/emotional problems?  □ Yes □ No  If yes,

<table>
<thead>
<tr>
<th>When</th>
<th>Where</th>
<th>Level of Care</th>
<th>Length of Tx</th>
<th>Treated For</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Have you ever been the victim or perpetrator of abuse:  □ Sexual □ Domestic Violence □ Physical □ Emotional □ Neglect □ NA

When: ____________________ By Whom: ____________________

Did you receive intervention:  □ Yes □ No  Further Assessment Needed:  □ Yes □ No

In the last year, have you felt like hurting or killing yourself? (suicidal ideation)  □ Yes □ No  Describe: ____________________

In the last year, have you felt like hurting or killing someone else? (homicidal ideation)  □ Yes □ No  Describe: ____________________

In the last year, have you experienced hallucinations or difficulty telling what is real from that which is not? (auditory, visual, olfactory, tactile)  □ Yes □ No  Describe: ____________________

In the last year, have you had trouble remembering, concentrating or following simple instructions?  □ Yes □ No  Describe: ____________________
**Mental Status Examination**

While prompts are provided below, the assessor should make sure to describe his/her observations and impressions of the person for each grouping below.

### ORIENTATION

<table>
<thead>
<tr>
<th>Orientation:</th>
<th>Normal</th>
<th>Deficits</th>
<th>Person</th>
<th>Place</th>
<th>Time</th>
<th>Situation</th>
</tr>
</thead>
</table>

### GENERAL APPEARANCE

<table>
<thead>
<tr>
<th>Dress:</th>
<th>Appropriate</th>
<th>Meticulous</th>
<th>Eccentric</th>
<th>Seductive</th>
<th>Disheveled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grooming:</td>
<td>Appropriate</td>
<td>Meticulous</td>
<td>Dirty</td>
<td>Poor</td>
<td>Bizarre</td>
</tr>
<tr>
<td>Facial Expression:</td>
<td>Appropriate</td>
<td>Flat</td>
<td>Sad</td>
<td>Angry</td>
<td>Fearful</td>
</tr>
</tbody>
</table>

### MOOD/AFFECT

|Mood: sustained emotional state; emotional tone the client subjeetively feels i.e. what the client says / Affect: outward expression of person's current feeling state, how they appear to you i.e. facial expressions, body language, laughter, use of humor, tearfulness |
|---|---|---|---|---|---|
| Mood: | Appropriate | Depressed | Euphoric | Anxious | Irritable | Euthymic (normal) |
| Affect: | Appropriate | Hostile | Labile | Broad | Flat |

### SELF-CONCEPT

<table>
<thead>
<tr>
<th>Self-concept:</th>
<th>Self-assured</th>
<th>Realistic</th>
<th>Low self-esteem</th>
<th>Inflated self-esteem</th>
</tr>
</thead>
</table>

### SPEECH

<table>
<thead>
<tr>
<th>Speech:</th>
<th>Normal</th>
<th>Pressured</th>
<th>Stammering</th>
<th>mute</th>
<th>Loud</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soft</td>
<td>Rambling</td>
<td>Slurred</td>
<td>Echolalia (compulsive repetition of word)</td>
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</tr>
</tbody>
</table>

### MEMORY

<table>
<thead>
<tr>
<th>Immediate:</th>
<th>Intact</th>
<th>Mildly Impaired</th>
<th>Moderately Impaired</th>
<th>Severely Impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent:</td>
<td>Intact</td>
<td>Mildly Impaired</td>
<td>Moderately Impaired</td>
<td>Severely Impaired</td>
</tr>
<tr>
<td>Remote:</td>
<td>Intact</td>
<td>Mildly Impaired</td>
<td>Moderately Impaired</td>
<td>Severely Impaired</td>
</tr>
</tbody>
</table>

### THOUGHT PROCESS

<table>
<thead>
<tr>
<th>Thought Process:</th>
<th>Logical</th>
<th>Relevant</th>
<th>Coherent</th>
<th>Goal Directed</th>
<th>Illogical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incoherent</td>
<td>Circumstantial</td>
<td>Rambling</td>
<td>Flight of Ideas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loose Associations</td>
<td>Tangential</td>
<td>Grossly Disorganized</td>
<td>Blocking</td>
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<tr>
<td>Neologisms</td>
<td>Confused</td>
<td>Perplexed</td>
<td>Confabulating</td>
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</tbody>
</table>

### THOUGHT CONTENT

<table>
<thead>
<tr>
<th>Thought Content:</th>
<th>Normal</th>
<th>Somatic Complaints</th>
<th>Illogical Thinking</th>
<th>Hopelessness</th>
<th>Suspicious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guilt</td>
<td>Obsessions/Compulsions</td>
<td>Phobias</td>
<td>Poverty of Content</td>
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<tr>
<td>Suicidal or Homicidal Ideation</td>
<td>Prejudices/Biases</td>
<td>Hypochondriacal</td>
<td>Depressive</td>
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</table>

### JUDGMENT AND INSIGHT

<table>
<thead>
<tr>
<th>Judgment:</th>
<th>Good</th>
<th>Partial</th>
<th>Limited</th>
<th>Poor</th>
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</thead>
<tbody>
<tr>
<td>Insight:</td>
<td>Good</td>
<td>Partial</td>
<td>Limited</td>
<td>Poor</td>
</tr>
</tbody>
</table>

Notes:

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DIMENSION 4. READINESS TO CHANGE

Do you have any behaviors that you need to change? (e.g. criminal activity, fighting, cursing)

☐ Yes  ☐ No

Describe:

Do you think you have a problem with AOD and/or mental health?

☐ Yes  ☐ No

Please explain your response below:

Have you tried to hide your AOD use?

☐ Yes  ☐ No

Has anyone ever complained about your AOD use?

☐ Yes  ☐ No

Has your AOD use caused you to feel depressed, nervous, suspicious, decreased sexual desire, diminished your interest in normal activities or cause other psychological problems?

☐ Yes  ☐ No

If yes, circle what is indicated and explain:

Has your AOD use affected your health by causing numbness, blackouts, shakes, tingling, TB, STD’s, or any other health problems?

☐ Yes  ☐ No

Have you continued to use despite the negative consequences (at work, school, or home) of your use?

☐ Yes  ☐ No

Have you continued to use despite placing yourself and others in dangerous or unsafe situations?

☐ Yes  ☐ No

Have you had problems with the law because of your use?

☐ Yes  ☐ No

Has your AOD use affected you socially (fights, problem relationships, etc.)?

☐ Yes  ☐ No

Do you need more AOD to get the same high?

☐ Yes  ☐ No

Do you spend a great deal of time in activities to obtain AOD and/or feeling its affects?

☐ Yes  ☐ No

Has your AOD use caused you to give up or not participate in social, occupational or recreational activities that you once enjoyed?

☐ Yes  ☐ No

Have you continued to use after knowing it caused or contributed to physical and psychological problems?

☐ Yes  ☐ No

Indicate the URICA score & stage of readiness:

Alcohol Use: __________ ☐ Pre contemplation  ☐ Contemplation  ☐ Preparation (Action)  ☐ Maintenance

Drug Use: __________  ☐ Pre contemplation  ☐ Contemplation  ☐ Preparation (Action)  ☐ Maintenance

DIMENSION 5. RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL

How many times have you been treated for Alcohol Problems:

<table>
<thead>
<tr>
<th>When</th>
<th>Where</th>
<th>Level of Care</th>
<th>Type of Discharge</th>
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</thead>
<tbody>
<tr>
<td>None</td>
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</tbody>
</table>

How many times have you been treated for Drug Problems:

<table>
<thead>
<tr>
<th>When</th>
<th>Where</th>
<th>Level of Care</th>
<th>Type of Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
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</table>

How many times for detox only?

☐ Alcohol Use  ☐ Drug Use

Have you had any periods of abstinence from AOD and/or periods with no mental health problems?

☐ Yes  ☐ No

If yes, please describe and answer the next 3 questions:

How was that abstinence/maintenance achieved?

What would you consider your relapse triggers?
Are you aware of what caused you to relapse?  

☐ Yes  ☐ No

Are you participating in any support groups? (AA, NA, church, other)  

☐ Yes  ☐ No

Do you have a sponsor?  

☐ Yes  ☐ No

Have you ever participated in:  

☐ AA  ☐ NA  ☐ Support Group  ☐ Had a Sponsor  ☐ No

Explain:

In the past year, have you tried to reduce the effect of the current issues/problems?  

☐ Yes  ☐ No

Explain:

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### DIMENSION 6. RECOVERY / LIVING ENVIRONMENT

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>Center Operated / Contracted Residential Program</th>
<th>Center Subsidized Housing</th>
<th>Alabama Housing Finance Authority Housing</th>
<th>Other</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Independent Living</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Reside with Family</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Homeless / Shelter</td>
<td>☐</td>
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<tr>
<td>Jail / Correctional Facility</td>
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<tr>
<td>Other Institutional Setting</td>
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</tbody>
</table>

Employment Status:  

☐ Full-time  ☐ Part-time  ☐ Unemployed, looking  ☐ Homemaker  ☐ Student  ☐ Retired  ☐ Disabled  ☐ Confined to Institution/Correction Facility  ☐ Unemployed, not looking for 30 days  ☐ Supported employment

Employment History:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Dates Employed</th>
<th>Reason for Leaving</th>
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<tbody>
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Education

Are you currently in school, enrolled in a GED program, or a vocational program?  

☐ Yes  ☐ No

Legal Status  

☐ Voluntary  ☐ Involuntary, Criminal  ☐ Court Referral

Detailed Legal Status

☐ None  ☐ State / Federal Court  ☐ Formal Adjudication  ☐ Probation/Parole  ☐ Other Legal Situations

☐ Diversionary Program  ☐ Prison  ☐ DUI / DVI  ☐ Other:

Current Charges:

<table>
<thead>
<tr>
<th>Arrest History</th>
<th># of Arrests:</th>
<th>Convicted:</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assault</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>Public Intoxication</td>
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<tr>
<td>Auto Theft</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>Rape</td>
</tr>
<tr>
<td>Burglary</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>Receiving Stolen Property</td>
</tr>
<tr>
<td>Robbery</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>Fraudulent use of a credit card</td>
</tr>
<tr>
<td>Criminal Trespass</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>Shoplifting</td>
</tr>
<tr>
<td>Distribution</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>Theft of Property</td>
</tr>
<tr>
<td>DUI</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>Violation of Probation</td>
</tr>
<tr>
<td>Harassment</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>Minor in Possession</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>Child / Elder Abuse</td>
</tr>
<tr>
<td>Possession</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>Negotiating a Worthless Negotiable Instrument (NWNI)</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

# of Arrests in 30 days Prior to Admission

Probation Officer:

Explanation of the above to include outcome:
Family
Do you have dependent children? □ Yes □ No □ NA  Ages: __________
If yes, please answer the next 4 questions:
Who has custody of these children? __________
Is there childcare available for these children? □ Yes □ No □ NA  Describe: __________
Do you feel you have adequate parenting skills? □ Yes □ No □ NA
Would you be interested in receiving more skills? □ Yes □ No □ NA
Quality of interaction with family: □ Excellent □ Good □ Fair □ Poor
Level of satisfaction with support system: □ Excellent □ Good □ Fair □ Poor
Describe your relationship with your:
Mother: __________
Father: __________
Siblings: __________
Others: __________
Children: __________
Is your current living environment drug free? □ Yes □ No  Explain: __________
Who would you ask to take you to the hospital if you were to suddenly become ill? __________
Would you call the same person to tell some really good news? If not, why and who would you call? __________
Do you have reliable transportation? □ Yes □ No  Describe: __________
ASAM PPC-2R Diagnostic Summary (summarize each dimension as assessed):

Risk Rating: 0 = Indicates full functioning; no severity; no risk in this Dimension. Risk Rating: 1-4 = Indicates various levels of functioning and severity and the level of risk in this Dimension. A: No Immediate Action Required and B: Immediate Action Required (NOTE: A higher number indicates a greater level of severity)

Source: ASAM PPC-2R, pgs 281-312

Dimension 1: Acute Intoxication and / or withdrawal potential:

Risk Rating: □ 0 □ 1 □ 2 □ 3 □ 4

Dimension 2: Biomedical conditions and complications:

Risk Rating: □ 0 □ 1 □ 2 □ 3 □ 4

Dimension 3: Emotional / Behavioral / Cognitive Conditions and Complications:

Risk Rating: □ 0 □ 1 □ 2 □ 3 □ 4

Dimension 4: Readiness to Change:

SA Risk Rating: □ 0 □ 1 □ 2 □ 3 □ 4

MH Risk Rating: □ 0 □ 1 □ 2 □ 3 □ 4 □ A □ B

Dimension 5: Relapse / Continued Use or Continued Problem Potential:

SA Risk Rating: □ 0 □ 1 □ 2 □ 3 □ 4

MH Risk Rating: □ 0 □ 1 □ 2 □ 3 □ 4 □ A □ B

Dimension 6: Recovery / Living Environment:

SA Risk Rating: □ 0 □ 1 □ 2 □ 3 □ 4

MH Risk Rating: □ 0 □ 1 □ 2 □ 3 □ 4 □ A □ B
**LEVEL OF CARE PLACEMENT SUMMARY**

### Assessed Level of Care:

(Check one, unless also receiving OMT)

- Level 0.5 - Early Intervention Services
- Level I - Outpatient Treatment
- Level I-D - Ambulatory Detoxification without Extended On-Site Monitoring
- Level I-O - Opioid Maintenance Therapy
- Level II.1 - Intensive Outpatient Treatment
- Level II.5 - Partial Hospitalization
- Level II-D - Ambulatory Detoxification with Extended On-Site Monitoring
- Level III.01 - Transitional Residential Treatment
- Level III.1 - Clinically Managed Low Intensity Residential Treatment
- Level III.3 - Clinically Managed Medium Intensity Residential Treatment
- Level III.5 - Clinically Managed Medium Intensity Residential Treatment
- Level III.5 - Clinically Managed High Intensity Residential Treatment
- Level III.7 - Medically Monitored Intensive Inpatient Treatment
- Level III.7 - Medically Monitored High Intensity Inpatient Treatment
- Level III.7-D - Medically Monitored Inpatient Detoxification

### Population:

- Adult
- Adolescent
- Pregnant Women and Women with Dependent Children
- Co-occurring Substance use with Mental Illness Disorder

### Placed Level of Care:

**Reason for Difference:**

1. N/A No Difference
2. Service not available
3. Waiting for Indicated Level
4. Clinician/Supervisor override
5. Consumer preference
6. Court Order
7. Transportation or Logistical problem
8. Other

**Disposition:**

1. Admitted to: ___________ for assessed level of care  
   **Date of Admission:** ___________
2. Referred to ___________ for assessed level of care
3. Assessed level not available, referred to ___________ for interim care
4. No services available, referred to ___________ and placed on waiting list(s) in ASAIS
5. Refused further services. Client discharged.

**Release of Information:**  
An appropriate release for this information is on file for this client

### Medical provider review of LOC Assessment:

- Agree with the diagnostic impression
- Agree with the level of care determination
- Agree with the recommended admission to level of care
- Agree with the preliminary treatment plan
- Treatment authorization ___________ Number of days / hours approved
- Recommended additional services
- Need additional information

**Indigent Offender:**  
**Yes** ☐  
**No** ☐

**Special Adolescent Program:**  
**Yes** ☐  
**No** ☐

**HIV Early Intervention Program:**  
**Yes** ☐  
**No** ☐

**Special Women’s Program:**  
**Yes** ☐  
**No** ☐

**Pardons and Paroles Program:**  
**Yes** ☐  
**No** ☐

**Special COD Program:**  
**Yes** ☐  
**No** ☐
ASAIS ID: __________________ Last Name: ______________________ First Name: ______________________ MI: _____

Client Signature 

Date

Staff Signatures and Credentials 

Date

Staff Signatures and Credentials 

Date

Physician Signature 

Date