

Symptoms

(Include those that are the focus of current treatment.)

Progress since last review

Functional impairments/strengths

(For example, note interpersonal relations, personal hygiene, work/school, etc.)

Recovery environment

(Please describe support system and level of stress.)

Engagement/level of active participation in treatment

Housing	
<hr/> <hr/> <hr/>	
Co-occurring medical/physical illness	
<hr/> <hr/> <hr/>	
Family history of mental illness or substance abuse	
<hr/> <hr/> <hr/>	
Current assessment of American Society of Addiction Medicine (ASAM) criteria (For substance use disorders, please complete the following dimension and risk rating section.)	
Dimension (describe or give symptoms):	Risk rating:
Dimension one: acute intoxication and/or withdrawal potential (Include vitals and withdrawal symptoms.) <hr/> <hr/>	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate* <input type="checkbox"/> Significant* <input type="checkbox"/> Severe*
Dimension two: biomedical conditions and complications <hr/> <hr/>	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate* <input type="checkbox"/> Significant* <input type="checkbox"/> Severe*
Dimension three: emotional, behavioral or cognitive complications <hr/> <hr/>	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate* <input type="checkbox"/> Significant* <input type="checkbox"/> Severe*

Current assessment of American Society of Addiction Medicine (ASAM) criteria (cont.)

Dimension (describe or give symptoms):	Risk rating:
Dimension four: readiness to change <hr/> <hr/> <hr/>	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate* <input type="checkbox"/> Significant* <input type="checkbox"/> Severe*
Dimension five: relapse, continued use or continued problem potential <hr/> <hr/> <hr/>	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate* <input type="checkbox"/> Significant* <input type="checkbox"/> Severe*
Dimension six: recovery living environment <hr/> <hr/> <hr/>	<input type="checkbox"/> Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate* <input type="checkbox"/> Significant* <input type="checkbox"/> Severe*

*How are moderate and higher risk ratings being addressed in treatment or discharge planning?

Patient's treatment history including all levels of care

Level-of-care:	Number of distinct episodes/sessions:	Date of last episode/session:
Outpatient psychiatric treatment		
Inpatient psychiatric treatment		
Outpatient substance abuse		
Inpatient substance abuse		
Chemical dependency residential treatment program		
Psychiatric medical institutes for children		

Expected outcome and prognosis	
<input type="checkbox"/> Return to normal functioning <input type="checkbox"/> Expect improvement, anticipate less than normal functioning <input type="checkbox"/> Relieve acute symptoms, return to baseline functioning <input type="checkbox"/> Maintain current status, prevent deterioration	
<ul style="list-style-type: none"> Please attach summary sheets of any applicable assessments. Psychological/neuropsychological testing requests require a separate form. 	
Treatment plan coordination	
I have requested permission from the member/member's parent or guardian to release information to the PCP/psychiatrist.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, rationale why this is inappropriate: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
Treatment plan was discussed with and agreed upon by the member/member's parent or guardian.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provider's signature:	
Date:	