Client Name: Click here to enter text. Client ID#: Click here to enter text.

KK: Click here to enter text. Referring CW Specialist: Click here to enter text.

Date of Assessment: Click here to enter text.

Assessing Clinician: Click here to enter text. Date of Admission: Click here to enter text.

Date of Report (due 3 business days post-assessment): Click here to enter text.

Report Submitted To: Click here to enter text.

Submitted Via: SecureEmail address: Click here to enter text. Fax#: Click here to enter text.

Assessment Tools (Check tools used)

Addiction Severity Index (ASI)

ASI-Multimedia Version (ASI-MV)

Behavioral Health Index –Multimedia Version (BHI-MV)

Other Assessment Tools, if administered: click to enter text

Drug Screen --Administered Not Administered

Negative

Positive for:

Illegal Drugs

Marijuana

Methamphetamine

Heroin

Cocaine/Crack

Hallucinogens: Click here to enter text.

Other:

Prescription Drugs/Identify Drugs: click to enter text

Alcohol

If collateral information was provided, indicate what and how it was included in the assessment process:

Click here to enter text.

Assessment Summary

Presenting Situation: Click here to enter text.

Living Situation: Click here to enter text.

Medical History/Current Status: Click here to enter text.

Drug & Alcohol History/Current Status: Click here to enter text.

Legal History/Current Status: Click here to enter text.

Family/Social Relationships: Click here to enter text.

Psychiatric History/Current Status: Click here to enter text.

Case Management Needs: Click here to enter text.

Recommendations based on Assessments/ASAM Patient Placement Criteria:

Treatment; Level of Care: Click here to enter text.

If Interim Services – describe: Click here to enter text.

If Other – describe: Click here to enter text.

Does not meet criteria for level of care funded by TANF/CW contract

Referrals: Click here to enter text.

Other Comments/Recommendations: