

Risk assessment — Include medical necessity reasons for admission.	
Current legal issues	
Substance abuse or dependence — Include current UA/lab results and use pattern (substances, last use, frequency, duration, sober history and vitals).	
Current assessment of American Society of Addiction Medicine (ASAM) — For substance use disorders, please complete the following additional information.	
Dimension (describe or give symptoms)	Risk rating
Dimension 1 (acute intoxication and/or withdrawal potential — include vitals and withdrawal symptoms): _____ _____ _____	Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Severe <input type="checkbox"/>
Dimension 2 (biomedical conditions and complications): _____ _____	Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Severe <input type="checkbox"/>
Dimension 3 (emotional, behavioral or cognitive complications): _____ _____	Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Severe <input type="checkbox"/>
Dimension 4 (readiness to change): _____ _____	Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Severe <input type="checkbox"/>
Dimension 5 (relapse, continued use or continued problem potential): _____ _____ _____ _____	Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Severe <input type="checkbox"/>

Dimension 6 (recovery living environment): _____ _____	Minimal/none <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Severe <input type="checkbox"/>
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If any ASAM dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning?

Co-occurring medical/physical illness

Functional impairment/strength (including interpersonal relations, personal hygiene and work/school)

Recovery environment — Describe level of stress including support system.

Engagement/level of active participation in treatment (past and present)

Previous treatment — Include provider name, facility name, medications, specific treatment/levels of care and adherence.

Current treatment plan

Standing medications:

As-needed medications administered (not ordered):

Other treatment and/or interventions planned (including when family therapy is planned):

Coordination of care — Include coordination activities with case managers, family, community agencies, etc. If case is open with another agency, name the agency, phone and case #.

Readmission within last [30] days?

Yes No

If **yes** and readmission was to the discharging facility, what part of the discharge plan did not work and why?

Initial discharge plan — List name and # of discharge planner and include whether the member can return to current residence.

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If applicable, please attach summary sheets of LOCUS, CASII or other assessments which may support your request.

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Expected length of stay from today:

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Submitted by:

Phone:

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