

1. Acute Intoxication/Withdrawal Potential Severity Rating _____

Primary	_____	Last Use	_____	Freq & Route	_____
Secondary	_____	Last Use	_____	Freq & Route	_____
Tertiary	_____	Last Use	_____	Freq & Route	_____

2. Biomedical Conditions/Complications _____

Medi-Cal Beneficiary: _____	Currently receiving Medical Care: _____	Where: _____
Chronic physical health conditions:		
Medication currently (or should be) taking:		

3. Emotional/Behavioral/Cognitive Conditions/Complications _____

Currently receiving Mental Health Services: _____	Where: _____
Service Team/Case manager Name / Telephone #:	
Psych meds currently taking / should be taking and diagnosis:	
History of trouble controlling violent behavior (danger to others):	
History of suicide attempts (danger to self):	

4. Readiness to Change **Stage of Change:** _____

Stated reason for seeking treatment:

5. Relapse / Continued Use/Continued Problem Potential _____

Current life stressors (Barriers to Recovery):
What has helped to maintain abstinence in the past:

6. Recovery Environment _____

Return Court Date:

Client Name:	_____	UniCare No:	_____
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Clinical Impressions / Comments:

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Clinician Signature: _____

Clinician's Name : Egle Narevic, LCSW

Clinician Phone: 408-793-6422

Date: _____

Client Name:		UniCare No:	
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