

Department of Alcohol and Drug Services Adult System of Care

Level of Care Assessment

- 1. Acute intoxication/Withdrawal Potential:**
- 2. Biomedical Conditions Complications:**
 - a. MediCal beneficiary:**
 - b. Currently receiving medical care:**
 - c. Where/PCP:**
 - d. Chronic physical health conditions:**
 - e. Medication currently (or should be) taking:**
- 3. Emotional/Behavioral/Cognitive Conditions/Complications:**
 - a. Currently receiving Mental Health Services:**
 - b. Where:**
 - c. Service team/Case manager name/phone#:**
 - d. Psych meds currently taking/should be taking and diagnosis:**
 - e. Hospitalizations:**
 - f. History of treatment:**
 - g. History of trouble controlling violent behavior:**
 - h. History of suicide attempts (danger to self):**
- 4. Readiness to change/ Stage of Change:**
 - a. Stated reason for seeking treatment:**
- 5. Relapse/Continued use/Continued problem potential:**
 - a. Current life stressors (barriers to recovery):**
 - b. What has helped to maintain abstinence in the past:**
- 6. Recovery environment:**
 - a. Family:**
 - b. Friends:**
 - c. Living situation:**
 - d. Employment:**
 - e. Meaningful activities:**
 - f. Education:**
 - g. Legal Status:**

Clinical Impressions / Comments: