

# #8

Client Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

UNI/Care#: \_\_\_\_\_

Presenting Problem(s):

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1. Acute Intox/Withdraw Potential ..... 0 1 2 3 4

Provisional Dx: \_\_\_\_\_  
\_\_\_\_\_

Substance	Date of last use	Frequency	Route of Admin.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Biomed Conditions/Complications ..... 0 1 2 3 4

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Pregnant?  Y  N

3. Psych/Emot/Behav/Cog Conditions ..... 0 1 2 3 4

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Suicidal thoughts in the last 30 days?  Y  N



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4. Treatment Readiness ..... 0 1 2 3 4

Stage of Change:

Precontemp     Contemp     Prep     Action     Maint     Relapse

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5. Relapse/Cont'd Use/Prob Potent ..... 0 1 2 3 4

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6. Recovery Environment ..... 0 1 2 3 4

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Assessor Name (print): \_\_\_\_\_

Assessor Signature: \_\_\_\_\_

- 4 Critical impairments in coping and functioning, with signs and symptoms indicating an imminent danger concern.
- 3 A serious issue or difficulty. May be considered in or near imminent danger.
- 2 Moderate difficulty in functioning, however, relevant skills or support systems may be present.
- 1 Mildly difficult issue or minor signs and symptoms. Any chronic issues or problems should be resolved in a short period of time.
- 0 Non-issue or very low risk. Chronic issues are mostly or entirely stabilized.