

ASAIS ID: 01234	Last Name: Unknown	First Name: Cindy	MI: _____
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ASAM PPC-2R Diagnostic Summary (summarize each dimension as assessed):

Risk Rating: 0 = Indicates full functioning; no severity; no risk in this Dimension. Risk Rating: 1-4 = Indicates various levels of functioning and severity and the level of risk in this Dimension. A: No Immediate Action Required and B: Immediate Action Required. Risk rating of 2 or higher is required for MH Dimensions 4, 5, & 6. (NOTE: A higher number indicates a greater level of severity) Source: ASAM PPC-2R, pgs 281-312

Dimension 1: Acute Intoxication and / or withdrawal potential: Last use – alcohol 5 months ago; cocaine 8 months ago. No previous detox or severe withdrawal. In no distress; alert, oriented, with no tremors; skin warm and dry; nothing to suggest any severe withdrawal danger.

Risk Rating: 0 1 2 3 4

Dimension 2: Biomedical conditions and complications: No physical complaints; not on any medications and is healthy.

Risk Rating: 0 1 2 3 4

Dimension 3: Emotional / Behavioral / Cognitive Conditions and Complications: Depressed for past 5-6 months; oriented, affect - flat; slightly depressed, and no evidence of psychosis or suicidality; some anxiety about job. No previous psychiatric history.

Risk Rating: 0 1 2 3 4

Dimension 4: Readiness to Change: Admits alcohol was her drug of choice, but feels she has it under control and that cocaine never was a problem. Mainly wanting to keep her job, but does complain of Some problems with depression and her alcohol use in the past; willing to be involved in treatment but feels she only needs urine monitoring and low intensity outpatient support and counseling for her depression.

SA Risk Rating: 0 1 2 3 4

MH Risk Rating: 0 1 2 3 4 A B

Dimension 5: Relapse / Continued Use or Continued Problem Potential: Poor skills to consistently avoid further drinking problems, but sufficiently concerned about job to control immediate drinking/drugging behavior; not imminently dangerous to self or others; not in AA /other self help program.

SA Risk Rating: 0 1 2 3 4

MH Risk Rating: 0 1 2 3 4 A B

Dimension 6: Recovery / Living Environment: Lives alone in an apartment; job issues a stress, but also an asset to provide leverage to help engage patient into examining her drinking and drugging behavior; supervisors supportive and report good job performance except for the drug screens.

SA Risk Rating: 0 1 2 3 4

MH Risk Rating: 0 1 2 3 4 A B

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DSM-IV Diagnostic Impression and/or Diagnosis

Code:		Description:
Axis I		
Primary	305.00	Alcohol Abuse
	304.90	Cocaine Abuse
Secondary	296.20	Major Depressive Episode (provisional)
Axis II		
	V71.09	No Diagnosis
Axis III		
	V71.09	

Axis IV

- None
- 1 Problems with primary support group
- 2 Problems related to social environment
- 3 Educational Problems
- 4 Occupational Problems
- 5 Housing Problems
- 6 Economic Problems
- 7 Problems with access to health care services
- 8 Problems related to interaction with legal system / crime
- 9 Other psychological and environmental problems

Axis V Current GAF: 65

LEVEL OF CARE PLACEMENT SUMMARY

Assessed	Placed	Level of Care:
<input type="checkbox"/>	<input type="checkbox"/>	Level 0.5 - Early Intervention Services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Level I – Outpatient Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level I-D - Ambulatory Detoxification without Extended On-Site Monitoring
<input type="checkbox"/>	<input type="checkbox"/>	Level I-O - Opioid Maintenance Therapy
<input type="checkbox"/>	<input type="checkbox"/>	Level II.1 – Intensive Outpatient Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level II.5 – Partial Hospitalization
<input type="checkbox"/>	<input type="checkbox"/>	Level II-D - Ambulatory Detoxification with Extended On-Site Monitoring
<input type="checkbox"/>	<input type="checkbox"/>	Level III.0I – Transitional Residential Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.I – Clinically Managed Low Intensity Residential Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.3 - Clinically Managed Medium Intensity Residential Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.5 - Clinically Managed Medium Intensity Residential Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.5 - Clinically Managed High Intensity Residential Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.7 – Medically Monitored Intensive Inpatient Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.7 – Medically Monitored High Intensity Inpatient Treatment
<input type="checkbox"/>	<input type="checkbox"/>	Level III.7-D – Medically Monitored Inpatient Detoxification

Reason for Difference:

- N/A No Difference
- Clinician/Supervisor override
- Transportation or Logistical problem
- Service not available
- Consumer preference
- Client refused services
- Other: _____

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Disposition:

- Admitted to Your Program for assessed level of care
- Admitted to _____ for interim level of care
- Referred to _____ for assessed level of care
- Referred to _____ for interim level of care

Release of Information: An appropriate release for this information is on file for this client

Client Signature

Date

Staff Signatures and Credentials

Date

Staff Signatures and Credentials

Date

Physician Signature

Date

