ASAM REASSESSMENT FORM (F)

Client Name: ______________________________ Today's Date: ________________

Admission Date: ______________________________ Number of days in treatment: ________

Avatar ID#: ______________ SSN#: ____________________ DOB: ________________

Project / County: ________________ Counselor / CM Name: ________________________

Phone: ____________________ Preferred Language: ________________________

Gender: Male ___ Female ___ Trans ___ Other__________ If female, pregnant? Yes ____ No _____ Unsure ____

Medi-Cal Status: ____________________ CIN #: ____________________

DIMENSION 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

1. Are you continuing to have physical withdrawal symptoms while in treatment? Yes ___ No ___
   If yes, describe? ____
   If no, when was the last time you had any withdrawal symptoms? ____________________

Dimension 1 Comments/Rationale:

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Risk Severity Rating: 0 1 2 3 4

0	1	2	3	4
No signs of withdrawal/intoxication present	Mild/moderate intoxication, interferers with daily functioning. Minimal risk of severe withdrawal. No danger to self/others.	May have severe intoxication but responds to support. Moderate risk of severe withdrawal. No danger to self/others.	Severe intoxication with imminent risk of danger to self/others. Risk of severe manageable withdrawal.	Incapacitated. Severe signs and symptoms. Presents danger, i.e. seizures. Continued substance use poses an imminent threat to life.

DIMENSION 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS

1. Are you having any medical or physical health concerns at this time? Yes ___ No ___
   If yes, what are they? ____
   If no, what has helped you stay healthy? ________________________________
2. Do you have medical or health conditions that are affecting your treatment? Yes ___ No ___
   Further Detail:

   ____

   ____

   ____
3. Have you connected with a primary care physician while being in treatment? Yes ___ No ___

   Date of last visit: ____________________

   Date of scheduled appointment: ____________________

   If no, how are you attempting to get one? ____

Dimension 2 Comments/Rationale:

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Risk Severity Rating: 0 1 2 3 4

0	1	2	3	4
Fully functional/ able to cope with discomfort or pain.	Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with physical discomfort.	Some difficulty tolerating physical problems. Acute, nonlife threatening problems present, or serious biomedical problems are neglected.	Serious medical problems being neglected during treatment. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.

DIMENSION 3: EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS

1. Have you ever been diagnosed with a mental health issue? Yes ___ No ___
2. What is your current mental health diagnosis?

____

____

3. Are you connected with mental health services? Yes ___ No ___

If yes, contact info: ____

If no, how are you attempting to connect and/or how can we help you?

____

4. Are you having any mental health symptoms or emotional distress that is affecting your treatment? Yes ___ No ___

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5. Is past abuse or trauma still causing you distress while in treatment? Yes ___ No ___

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6. What coping skills have you learned or developed while in treatment to help with your mental health?

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Dimension 3 Comments/Rationale:

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Risk Severity Rating: 0 1 2 3 4

0	1	2	3	4
Good impulse control and coping skills. No dangerousness, good social functioning and self-care, no interference with recovery.	Suspect diagnosis of EBC, requires intervention, but does not interfere with recovery. Some relationship impairment.	Persistent EBC. Symptoms distract from recovery, but no immediate threat to self/others. Does not prevent independent functioning.	Severe EBC, but does not require acute level of care. Impulse to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC. Requires acute level of care. Exhibits severe and acute life-threatening symptoms (posing imminent danger to self/others).

DIMENSION 4: READINESS TO CHANGE

1. What changes have you made while in treatment?

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____

2. What will continue to motivate you or enhance your motivation to stay clean/sober?

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3. (Counselor's observation) Stage of Change: ____________________

Dimension 4 Comments/Rationale:

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Risk Severity Rating: 0 1 2 3 4

0	1	2	3	4
Completely engaged in treatment.	Ambivalent of the need to change.	Low commitment to change substance use. Passive engagement in treatment.	Unaware of need to change. Unwilling or partially able to follow through with recommendations for treatment.	Not willing to change. Unwilling/unable to follow through with treatment recommendations

DIMENSION 5: RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL

1. Date of your last use: ____________________
2. How often do you have cravings, urges, or thoughts to use? Hourly ___ Daily ___ Weekly ___ None ___

____

3. Rate your desire to use. 0=No Desire 10=Strongest Desire 0 1 2 3 4 5 6 7 8 9 10
4. What are your main triggers at this time, if any?

____

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5. What coping skills have you developed/learned while being in treatment?

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6. What support groups or activities do you find helpful to your recovery?

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Dimension 5 Comments/Rationale:

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Risk Severity Rating: 0 1 2 3 4

0	1	2	3	4
Low/no potential for relapse. Good ability to cope.	Minimal relapse potential. Some risk, but fair coping and relapse prevention skills.	Impaired recognition of risk for relapse. Able to self-manage with prompting.	Little recognition of risk for relapse, poor skills to cope with relapse.	No coping skills for relapse/ addiction problems. Substance use/behavior, places self/other in imminent danger.

DIMENSION 6: RECOVERY/LIVING ENVIRONMENT

1. What housing options are you currently considering after residential treatment?
 ____
 ____
2. Are you or will you be responsible for the care of another person(s), including family, children, pets, or others?
 Yes ___ No ___ If yes, explain: ______________________________
3. Have you developed a recovery and/or social support network? Yes ___ No ___
 ____
 ____
4. How do you plan on supporting yourself financially?
 ____
 ____

Dimension 6 Comments/Rationale:
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____
____
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Risk Severity Rating: 0 1 2 3 4

0	1	2	3	4
Able to cope in environment/ supportive.	Passive/disinterested social support, but still able to cope.	Unsupportive environment, but able to cope with clinical structure most of the time.	Unsupportive environment, difficulty coping even with clinical structure.	Environment toxic/hostile to recovery. Unable to cope and the environment may pose a threat to safety.

Re-Evaluation Disposition (UCLA tracking):

Indicated Level of Care (G)	Actual Level of care received (J)
☐ Recovery Support Services	☐ Recovery Support Services
☐ ASAM 1.0	☐ ASAM 1.0
☐ ASAM 2.1	☐ ASAM 2.1
☐ ASAM 3.1	☐ ASAM 3.1
☐ ASAM 3.3	☐ ASAM 3.3
☐ ASAM 3.5	☐ ASAM 3.5
☐ ASAM 3.7	☐ ASAM 3.7
☐ ASAM 4.0	☐ ASAM 4.0
☐ Opioid Treatment Program (OTP)	☐ Opioid Treatment Program (OTP)
☐ ASAM 1 – WM	☐ ASAM 1 – WM
☐ ASAM 3.2 – WM	☐ ASAM 3.2 – WM
☐ ASAM 3.7 – WM	☐ ASAM 3.7 – WM
☐ ASAM 4 – WM	☐ ASAM 4 – WM
☐ Other ______________	☐ Other ______________
☐ Recovery Residence	☐ Recovery Residence
☐ MAT Services	☐ MAT Services

Reason for Difference (if any - L):

___ N/A, no difference ___ Client preference ___ Family Responsibility ___ Lack of insurance/payment

___ Level of Care not avail ___ Clinical Judgement ___ Geographic limitations ___ Legal Issues

___ Mgnd care refusal ___ Language Needs ___ Ct on waiting list for indicated level ____Other (M): ______________

IF referral being made but admission is expected to be delayed, reason (N):

- ☐ Waiting for LOC availability
- ☐ Waiting for Language specific services
- ☐ Incarceration
- ☐ Hospitalization
- ☐ Other (O): ____________________