

ASAIS ID: 33333	Last Name: Asais	First Name: Mary	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:

History of withdrawal symptoms, tremors current, avoiding family & using to relieve symptoms.

Pain scale also indicated heart racing & anxiety.

Risk Rating: 0 1 2 3 4

Dimension 2: Biomedical conditions and complications:

Pain scale 6 – heart racing, tremors, & anxiety; drinking to subside pain.

Risk Rating: 0 1 2 3 4

Dimension 3: Emotional / Behavioral / Cognitive Conditions and Complications:

PTSD diagnosis from 1/2009 assault, continued intervention needed and MINI Screen positive for Modules H & I, further assessment needed.

Risk Rating: 0 1 2 3 4

Dimension 4: Readiness to Change:

Contemplative stage of change, acknowledges problem & need for change; use is exasturbated by Assault.

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:

No previous treatment, unaware of triggers, minimal social supports & self-management seems unlikely.

SA Risk Rating: 0 1 2 3 4

MH Risk Rating: 0 1 2 3 4 A B

Dimension 6: Recovery / Living Environment:

Homeless, no legal issues, not employed, and strained family relationship.

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	291.8	Alcohol Withdrawal
	309.81	Post Traumatic Stress Disorder (provisional)
Secondary		
Axis II		
	71.09	No Diagnosis
Axis III		
	71.09	

Axis IV

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

Axis V Current GAF: 50

LEVEL OF CARE PLACEMENT SUMMARY

Assessed	Placed	Level of Care:
<input type="checkbox"/>	<input type="checkbox"/>	Level 0.5 - Early Intervention Services
<input type="checkbox"/>	<input 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.1 – 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
X	X	Level III.7-D – Medically Monitored Inpatient Detoxification

Reason for Difference:

- | | | |
|---|--|---------------------------------------|
| X N/A No Difference | <input type="checkbox"/> Service not available
<input type="checkbox"/> Consumer preference
<input type="checkbox"/> Client refused services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Clinician/Supervisor override
<input type="checkbox"/> Transportation or Logistical problem | | |

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Disposition:

- Admitted to Caradale Lodge 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

Medical provider review of LOC Assessment:

- Agree with the diagnostic impression
- Agree with the level of care determination
- Agree with the recommended admission to level of care
- Agree with the preliminary treatment plan
- Treatment authorization _____ Number of days / hours approved
- Recommended additional services _____
- Need additional information _____

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