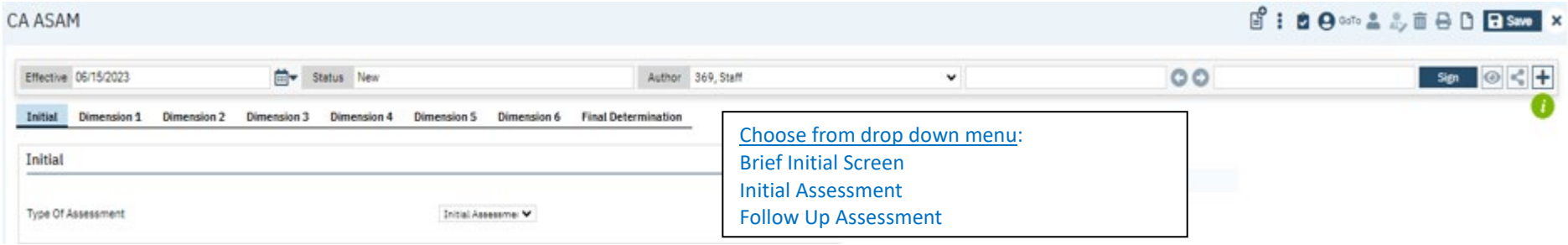
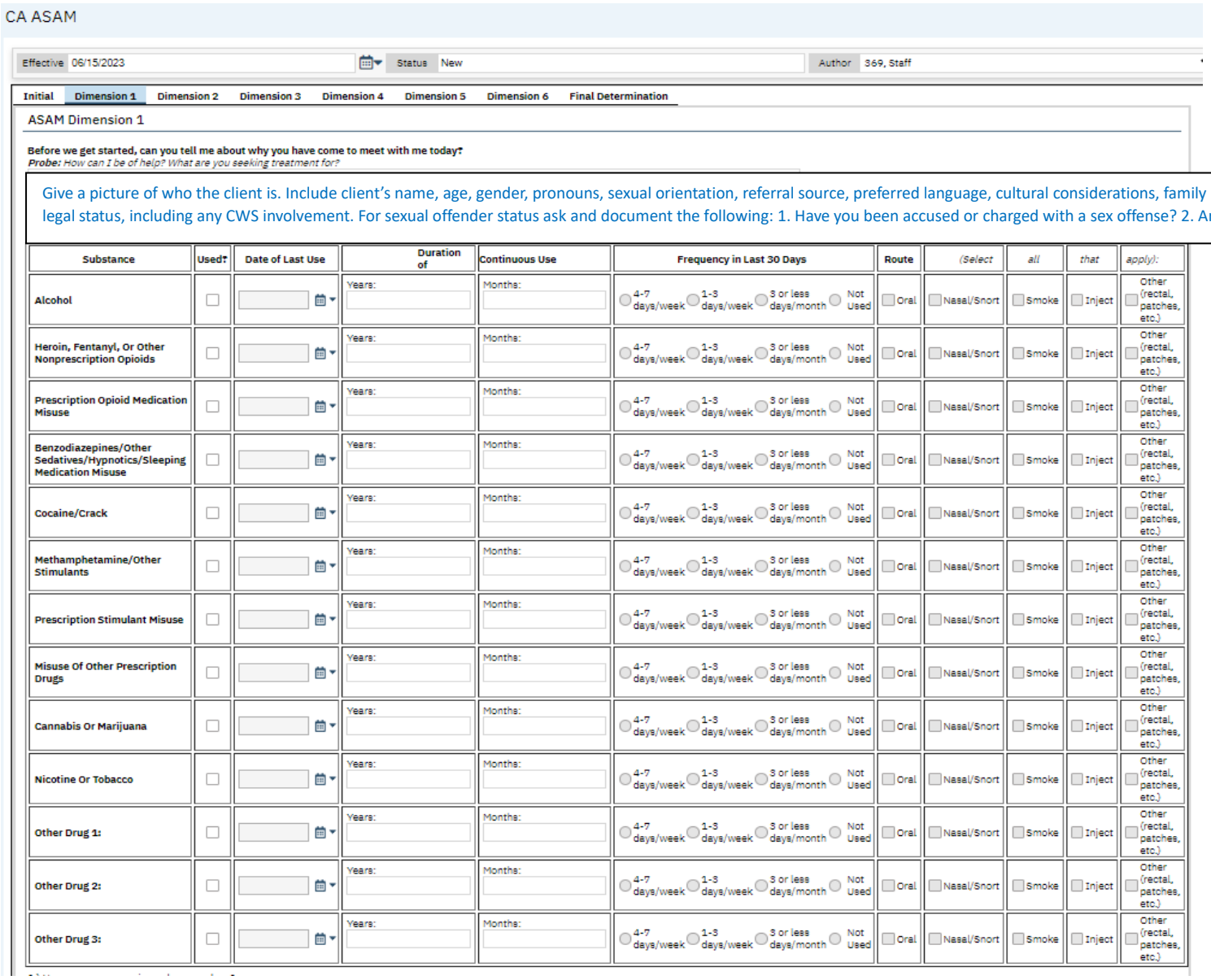
Initial


CA ASAM
Save
Effective 06/15/2023
Status New
Author 369, Staff
Sign
Initial
Dimension 1
Dimension 2
Dimension 3
Dimension 4
Dimension 5
Dimension 6
Final Determination
Initial
Type Of Assessment
Choose from drop down menu:
Brief Initial Screen
Initial Assessment
Follow Up Assessment

Dimension 1



CA ASAM

Effective 06/15/2023 Status New Author 369, Staff

Initial | Dimension 1 | Dimension 2 | Dimension 3 | Dimension 4 | Dimension 5 | Dimension 6 | Final Determination

ASAM Dimension 1

Before we get started, can you tell me about why you have come to meet with me today?
Probe: *How can I be of help? What are you seeking treatment for?*

Give a picture of who the client is. Include client's name, age, gender, pronouns, sexual orientation, referral source, preferred language, cultural considerations, family history related to substance use, criminal history, legal status, including any CWS involvement. For sexual offender status ask and document the following: 1. Have you been accused or charged with a sex offense? 2. Are you a registered sex offender?

Substance	Used?	Date of Last Use	Duration of	Continuous Use	Frequency in Last 30 Days	Route	(Select	all	that	apply):
Alcohol	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Heroin, Fentanyl, Or Other Nonprescription Opioids	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Prescription Opioid Medication Misuse	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Benzodiazepines/Other Sedatives/Hypnotics/Sleeping Medication Misuse	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Cocaine/Crack	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Methamphetamine/Other Stimulants	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Prescription Stimulant Misuse	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Misuse Of Other Prescription Drugs	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Cannabis Or Marijuana	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Nicotine Or Tobacco	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Other Drug 1:	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Other Drug 2:	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)
Other Drug 3:	☐		Years:	Months:	○ 4-7 days/week ○ 1-3 days/week ○ 3 or less days/month ○ Not Used	☐ Oral	☐ Nasal/Snort	☐ Smoke	☐ Inject	☐ Other (rectal, patches, etc.)

2.) Have you ever experienced an overdose?

◯ Yes ◯ No

Please describe:

3.) In the past year, have you found yourself using substances for a longer period of time than you intended?

◯ Yes ◯ No

Please describe:

4.) Have you ever experienced being physically ill from withdrawal symptoms when you stop using substances?

**Withdrawal signs & symptoms: e.g. nausea & vomiting; excessive sweating; fever, tremors; seizures; rapid heart rate; blackouts; hallucinations; "DTs" (aka: delirum tremens); anxiety; agitation; depression*

◯ Yes ◯ No

Please describe:

5.) Are you currently experiencing any withdrawal symptoms as result of your substance use?

◯ Yes ◯ No

Please describe specific symptoms (consider immediate referral for medical evalutation):

6.) Do you have a history of serious seizures or life-threatening symptoms as a result of your substance use?

◯ Yes ◯ No

Please describe and specify withdrawal substance(s):

7.) In the past year, have you found yourself needing to use more substances to get the same high?

◯ Yes ◯ No

Please describe:

8.)Has your substance use recently changed (increased/decreased/changed route of use)?

◯ Yes ◯ No

Please describe:

9.) Have you ever received treatment for your substance use?

◯ Yes ◯ No

Please describe your treament experience(s) and outcome(s):

10.) Please describe family history of alcohol and/or drug use:

Dimension 1 - Substance Use, Acute Intoxication, Withdrawal Potential Severity Rating

None	Mild	Moderate	Severe	Very Severe
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

Please select a severity rating:

◯ None ◯ Mild ◯ Moderate ◯ Severe ◯ Very Severe

Dimension 1: Acute Intoxication and/or Withdrawal Potential

- ◯ No withdrawal risk (Level 0.5)
- ◯ Physiologically dependent on opiates and requires Opioid Maintenance Therapy to prevent withdrawal (OTP Level 1)
- ◯ Withdrawal, if present, is manageable at Level 1-WM (Level 1)
- ◯ Withdrawal, if present, is manageable at Level 2-WM (Level 2.1)
- ◯ Withdrawal, if present, is manageable at Level 2-WM (Level 2.5)
- ◯ Withdrawal, if present, is currently receiving Level 1-WM or 3.2-WM services (Level 3.1)
- ◯ Withdrawal, if present, is manageable at Level 3.2-WM (Level 3.3)
- ◯ Withdrawal, if present, is manageable at Level 3.2-WM (Level 3.5)
- ◯ Withdrawal is manageable at Level 3.7-WM (Level 3.7)
- ◯ Withdrawal requires Level 4-WM (Level 4)

General

Level ⌄ Documented Risk ⌄

Comments

Provide evidence to match rating. This will be copied to Final Determination page. To note, when doing a stand-alone ASAM, provide updated information from last 30 days related to previous ASAM assessment.

Dimension 2

CA ASAM

Effective 06/15/2023 | Status New | Author 369, Staff

Initial | Dimension 1 | Dimension 2 | Dimension 3 | Dimension 4 | Dimension 5 | Dimension 6 | Final Determination

ASAM Dimension 2

1.) Do you have any physical health conditions or allergies?

Include history and current medical conditions, allergies, physical disabilities, and any needed accommodations. Include insurance status and type if applicable (CenCal, private insurance, out of County MediCal, etc). Please refer to Health Questionnaire for details, and include information here regarding HIV testing, Hep C testing, TB testing, pregnancy, and physical examination.

2.) How do they impact your life?

3.) Are any of them related to your substance use?

4.) List any known medical providers:

5.) List any medications or supplements you're taking:

Please note if there is an ROI to address prescribed medication.

6.) **Question to be answered by the interviewer**

Does the client report medical symptoms that would be considered life-threatening or require immediate medical attention?

◯ Yes ◯ No

Dimension 2 - Biomedical Conditions and Complications Severity Rating

None	Mild	Moderate	Severe	Very Severe
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 neglected during outpatient or intensive outpatient treatment. Severe medical problems present but stable. Poor ability to cope with physical problems.	Incapacitated with severe medical problems.

Please select a severity rating:

◯ None ◯ Mild ◯ Moderate ◯ Severe ◯ Very Severe

Dimension 2: Biomedical Conditions and Complications

- ◯ None or very stable (Level 0.5)
- ◯ None or manageable with outpatient medical monitoring (OTP Level 1)
- ◯ None or very stable, or the patient receiving concurrent medical monitoring (Level 1)
- ◯ None or not a distraction from treatment. Such problems are manageable at Level 2.1 (Level 2.1)
- ◯ None or not sufficient to distract from treatment. Such problems are manageable at Level 2.5 (Level 2.5)
- ◯ None or stable, or the patient is receiving concurrent medical monitoring (Level 3.1)
- ◯ None or stable, or receiving concurrent medical treatment (Level 3.3)
- ◯ None or stable, or receiving concurrent medical monitoring (level 3.5)
- ◯ None or stable, or receiving concurrent medical monitoring (Level 3.7)
- ◯ Requires 24-hour medical and nursing care in a hospital (Level 4)

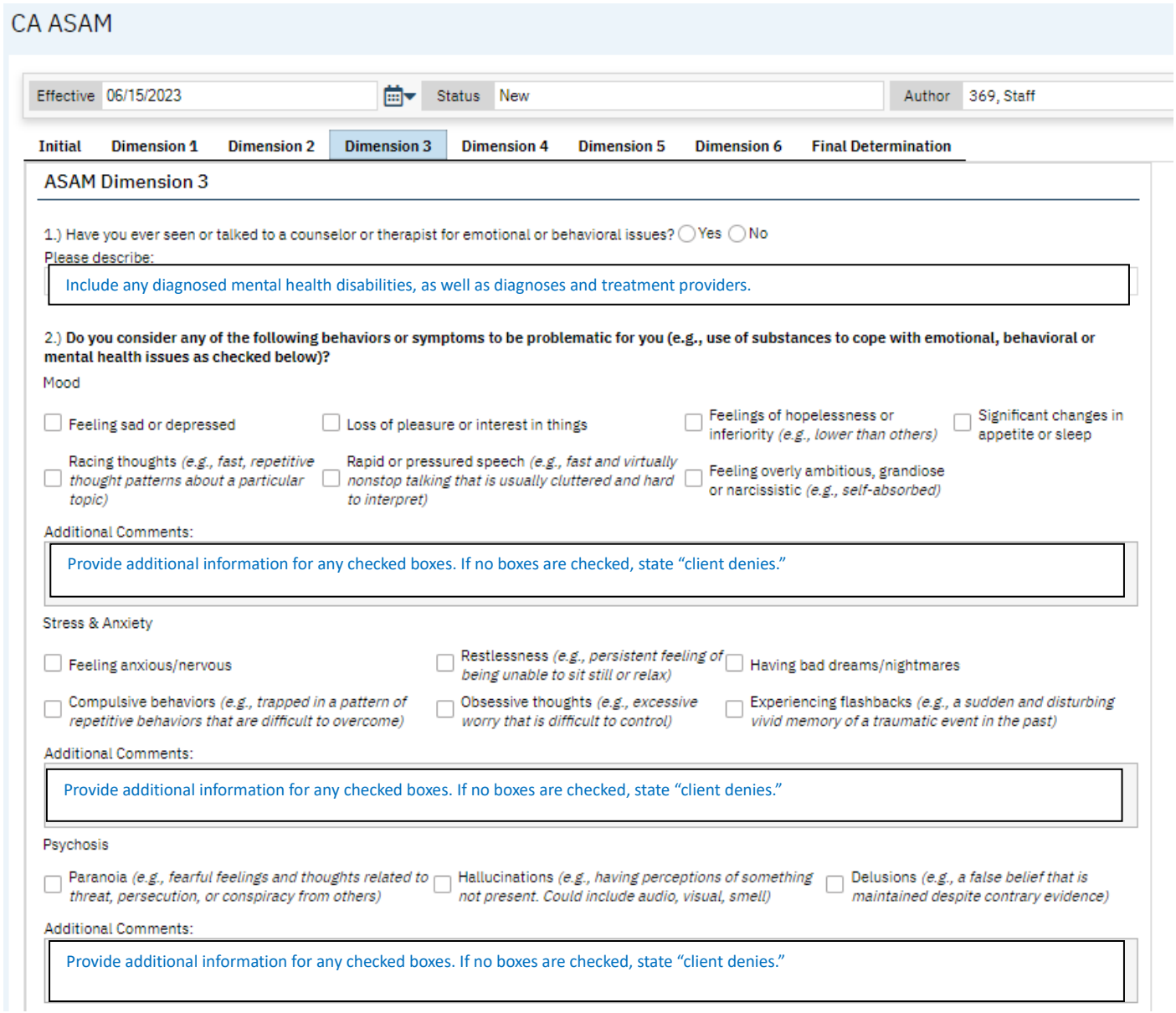
General

Level ⌄ Documented Risk ⌄

Comments

Provide evidence to match rating. This will be copied to Final Determination page. To note, when doing a stand-alone ASAM, provide updated information from last 30 days related to previous ASAM assessment.

Dimension 3



CA ASAM

Effective 06/15/2023 Status New Author 369, Staff

Initial | Dimension 1 | Dimension 2 | Dimension 3 | Dimension 4 | Dimension 5 | Dimension 6 | Final Determination

ASAM Dimension 3

1.) Have you ever seen or talked to a counselor or therapist for emotional or behavioral issues? ◯ Yes ◯ No

Please describe:

Include any diagnosed mental health disabilities, as well as diagnoses and treatment providers.

2.) **Do you consider any of the following behaviors or symptoms to be problematic for you (e.g., use of substances to cope with emotional, behavioral or mental health issues as checked below)?**

Mood

- ☐ Feeling sad or depressed
- ☐ Loss of pleasure or interest in things
- ☐ Feelings of hopelessness or inferiority *(e.g., lower than others)*
- ☐ Significant changes in appetite or sleep
- ☐ Racing thoughts *(e.g., fast, repetitive thought patterns about a particular topic)*
- ☐ Rapid or pressured speech *(e.g., fast and virtually nonstop talking that is usually cluttered and hard to interpret)*
- ☐ Feeling overly ambitious, grandiose or narcissistic *(e.g., self-absorbed)*

Additional Comments:

Provide additional information for any checked boxes. If no boxes are checked, state “client denies.”

Stress & Anxiety

- ☐ Feeling anxious/nervous
- ☐ Restlessness *(e.g., persistent feeling of being unable to sit still or relax)*
- ☐ Having bad dreams/nightmares
- ☐ Compulsive behaviors *(e.g., trapped in a pattern of repetitive behaviors that are difficult to overcome)*
- ☐ Obsessive thoughts *(e.g., excessive worry that is difficult to control)*
- ☐ Experiencing flashbacks *(e.g., a sudden and disturbing vivid memory of a traumatic event in the past)*

Additional Comments:

Provide additional information for any checked boxes. If no boxes are checked, state “client denies.”

Psychosis

- ☐ Paranoia *(e.g., fearful feelings and thoughts related to threat, persecution, or conspiracy from others)*
- ☐ Hallucinations *(e.g., having perceptions of something not present. Could include audio, visual, smell)*
- ☐ Delusions *(e.g., a false belief that is maintained despite contrary evidence)*

Additional Comments:

Provide additional information for any checked boxes. If no boxes are checked, state “client denies.”

Attention & Learning

- [ ] Becoming easily distracted
- [ ] Impulsive *(e.g., doing things suddenly and without thinking)*
- [ ] Difficulty with paying attention and/or remembering things
- [ ] Hyperactivity *(e.g., being overactive and having problems with sitting still)*
- [ ] Frequently interrupting others
- [ ] Problems with reading/writing/mathh

Additional Comments:

Provide additional information for any checked boxes. If no boxes are checked, state "client denies." Include any diagnosed or suspected learning disabilities.

Behavioral

- [ ] Hostile or violent acts *(e.g., physical fights, forcing sexual activity)*
- [ ] Uncontrollable anger issues/outbursts
- [ ] Bullying or threatening others
- [ ] Destroying property
- [ ] Manipulative or deceitful *(e.g., excessive lying)*
- [ ] Breaking rules/laws often *(e.g., carrying/using dangerous weapons, not going to school/truancy)*
- [ ] Stealing/theft

Additional Comments:

Provide additional information for any checked boxes. If no boxes are checked, state "client denies." Note if client has criminal history including violent charges. Note if there are inconsistencies with CJIS.

Other

- [ ] Engaging in risky sexual activity *(e.g, unprotected intercourse, sexual victimization, sex in exchange for alcohol/drugs, pornography)*
- [ ] Severe food restrictions/anorexia
- [ ] Binging or Purging
- [ ] Preoccupation with gambling

Additional Comments:

Provide additional information for any checked boxes. If no boxes are checked, state "client denies." Include if this information was reported.

3.) In the past year, do you continue using substances despite it negatively impacting your emotional, behavioral, and/or mental health? ◯ Yes ◯ No

Please describe:

4.) Have you ever experienced any kind of abuse (physical, emotional, sexual)? ◯ Yes ◯ No

Please describe:

5.) Have you experienced or witnessed any traumatic or scary event(s) that has stuck with you? ◯ Yes ◯ No

Please describe:

6.) In the past year, have you felt like hurting or killing yourself? ◯ Yes ◯ No

Please describe:

If yes, utilize clinical discretion to determine if safety plan is needed.

7.) In the past year, have you felt like hurting or killing someone else? ◯ Yes ◯ No

Please describe:

If yes, utilize clinical discretion to determine if Tarasoff is needed.

Dimension 3 - Emotional, Behavioral, or Cognitive Conditions and Complications Severity Rating

None	Mild	Moderate	Severe	Very Severe
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).

Please select a severity rating:

◯ None ◯ Mild ◯ Moderate ◯ Severe ◯ Very Severe

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

- ◯ None or very stable (Level 0.5)
- ◯ None or manageable in an outpatient structured environment (OPT Level 1)
- ◯ None or very stable, or the patient is receiving concurrent mental health monitoring (Level 1)
- ◯ Mild severity, with the potential to distract from recovery; needs monitoring (Level 2.1)
- ◯ Mild to moderate severity, with potential to distract from recovery; needs stabilization (Level 2.5)
- ◯ None or minimal; not distracting from recovery (Level 3.1)
- ◯ Mild to moderate severity; needs structure to focus on recovery (Level 3.3)
- ◯ Inability to control impulses or unstable and dangerous signs/symptoms require stabilization and a 24-hour setting (Level 3.5)
- ◯ Moderate severity; needs a 24-hour structured setting (Level 3.7)
- ◯ Requires 24-hours psychiatric care and concomitant addiction treatment (Level 4)

General

Level ⌄ Documented Risk ⌄

Comments

Provide evidence to match rating. This will be copied to Final Determination page. To note, when doing a stand-alone ASAM, provide updated information from last 30 days related to previous ASAM assessment.

Dimension 4

Initial | Dimension 1 | Dimension 2 | Dimension 3 | **Dimension 4** | Dimension 5 | Dimension 6 | Final Determination

ASAM Dimension 4

1.) What do you enjoy about your substance use?

Please describe:

2.) What do you NOT enjoy about your substance use?

Please describe:

3.) In the past year, has your substance use resulted in you failing to complete tasks/activities in important areas of your life? ◯ Yes ◯ No

Please check the box next to the relevant areas of life:

☐ Family Relations	☐ Work	☐ Physical Health	☐ Self-esteem
☐ School	☐ Mental Health	☐ Relationships With Others	☐ Sexual Activity/Behavior
☐ Friendships	☐ Money	☐ Recreational Activities	☐ Social Life
☐ Legal Status	☐ Hygiene	☐ Handling Everyday Tasks	☐ Other

Please describe:

4.) In the past year, did you continue to use substances despite it affecting the areas listed above? ◯ Yes ◯ No

Please describe:

5.) In the past year, have you used substances in physically hazardous situations (e.g., under the influence while driving a car, unprotected sexual activity, etc.)? ◯ Yes ◯ No

Please describe:

6.) Using a scale from 0-10 (with 0 meaning "not at all ready" and 10 "very ready"), how ready are you to stop or cut back on your use?

◯ 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10

7.) What would help to support your recovery?

8.) What are potential barriers to your recovery (e.g., financial, transportation, relationships, etc.)?

Dimension 4 - Readiness to Change Severity Rating

None	Mild	Moderate	Severe	Very Severe
Willing to engage in treatment.	Willing to enter treatment, but ambivalent to the need to change.	Reluctant to agree to treatment. 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.

Please select a severity rating:

◯ None ◯ Mild ◯ Moderate ◯ Severe ◯ Very Severe

Dimension 4: Readiness to Change

- ◯ Willing to explore how current alcohol, tobacco, other drug or medication and/or high risk behaviors may affect personal goals (Level 0.5)
- ◯ Ready to change the negative effects of opioid use, but not ready for total abstinence from illicit prescription or non-prescription drug use (OTP Level 1)
- ◯ Ready for recovery but needs motivation and monitoring strategies to strengthen readiness; or needs ongoing monitoring and disease management; or high severity in this dimension but no in other dimensions (Level 1)
- ◯ Has variable engagement in treatment, ambivalence, or lack of awareness of the substance use or mental health problem, and requires a structured program several times a week (Level 2.1)
- ◯ Has poor engagement in treatment, significant ambivalence, or a lack of awareness of the substance use or mental health problem, requiring a near-daily structured program or intensive engagement services (Level 2.5)
- ◯ Open to recovery, but needs a structured environment to maintain therapeutic gains (Level 3.1)
- ◯ Has little awareness and needs interventions available only in Level 3.3 to stay in treatment (Level 3.3)
- ◯ Has marked difficulty with, or opposition to, treatment, with dangerous consequences (Level 3.5)
- ◯ Low interest in treatment and impulse control is poor, despite negative consequences; needs motivating strategies available in a 24 hour structured setting (Level 3.7)
- ◯ Requires 24-hours psychiatric care and concomitant addiction treatment (Level 4)

General

Level ⌄ Documented Risk ⌄

Comments

Provide evidence to match rating. This will be copied to Final Determination page. To note, when doing a stand-alone ASAM, provide updated information from last 30 days related to previous ASAM assessment.

Dimension 5

Initial | Dimension 1 | Dimension 2 | Dimension 3 | Dimension 4 | **Dimension 5** | Dimension 6 | Final Determination

ASAM Dimension 5

1.) How would you describe your desire/urge to use substances on a scale from 0 to 10 (with 0 being none and 10 being high)?

◯0 ◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9 ◯10

Please describe:

2.) In the past year, have you found yourself spending a lot of time getting, using, or recovering from the effects of your substance use?

◯Yes ◯No

Please describe:

3.) In the past year, have you found it hard to cut down or stop your substance use, despite wanting to do so?

◯Yes ◯No

Please describe:

4.) Do you feel that you will continue to use substances without help or additional support?

◯Yes ◯No

Please describe:

5.) Are there important stressors or triggers in your life that contribute to your substance use?

◯Yes ◯No

Please check the box next to each potential trigger or stressor if it is contributing to substance use.

☐ Academic/School Issues	☐ Peer Pressure	☐ Work Pressures
☐ Family Issues	☐ Relationship Problems	☐ Unemployment
☐ Strong Cravings	☐ Sexual Victimization	☐ Living Environment
☐ Physical Health Issues	☐ Bullying	☐ Financial Stressors
☐ Chronic Pain	☐ Mental Health Issues	☐ Gang Involvement
☐ Weight Issues	☐ Sexual Orientation	☐ Immigration Issues
☐ Legal Issues (DCFS, probation, court mandate, etc.)	☐ Gender Identity	☐ Other

Please describe:

6.) Have you ever attempted to either stop or cut down your substance use?

◯ Yes ◯ No

Please describe:

Include any treatment episodes related to periods of sobriety. Note what was learned in treatment that is helpful today.

7.) What's the longest period of time that you have gone without using substances? Please describe:

8.) What do you typically do to deal with your stressors or triggers? Please describe:

9.) What would help support you change or stop your substance use?

Dimension 5 - Relapse, Continued Use or Continued Problem Potential Severity Rating

None	Mild	Moderate	Severe	Very Severe
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.

Please select a severity rating:

◯ None ◯ Mild ◯ Moderate ◯ Severe ◯ Very Severe

Dimension 5: Relapse, Continued Use, Continued Problem Potential

- ◯ Needs an understanding of, or skills to change, current alcohol, tobacco, other drug, or medication use patterns, and/or high risk behavior (Level 0.5)
- ◯ At high risk of relapse or continued use without OTP and structured therapy (OPT Level 1)
- ◯ Able to maintain abstinence or control use and/or addictive behaviors and pursue recovery or motivational goals with minimal support (Level 1)
- ◯ Intensification of addiction or mental health symptoms indicate a high likelihood of relapse or continued use or continued problems without close monitoring and support several times a week (Level 2.1)
- ◯ Intensification of addiction or mental health symptoms, despite active participation in level 1 or level 2.1 program, indicates a high likelihood of relapse or continued use or continued problems without near-daily monitoring and support (Level 2.5)
- ◯ Understands relapse but needs structure to maintain therapeutic gains (Level 3.1)
- ◯ Has little awareness and needs interventions available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction (Level 3.3)
- ◯ Has no recognition of the skills needed to prevent continued use, with imminently dangerous consequences (Level 3.5)
- ◯ Unable to control use, with imminent dangerous consequences despite active participation at less intensive levels of care (Level 3.7)
- ◯ Problems in this dimension do not qualify the person for Level 4 services (Level 4)

General

Level [▾] Documented Risk [▾]

Comments

Provide evidence to match rating. This will be copied to Final Determination page. To note, when doing a stand-alone ASAM, provide updated information from last 30 days related to previous ASAM assessment.

Dimension 6

1.) What is your current living situation (e.g., homeless, living with family/friends/alone)?

2.) Are you currently in an environment where others use substances? (e.g., family, friends, peers, significant others, roommates, neighborhood, school)

◯ Yes ◯ No

Please describe:

3.) Do you have reliable transportation?

◯ Yes ◯ No

Please describe *(even if you marked, "No" to #3)*:

4.) Do you have relationships (e.g., family, peers/friends, mentor, coach, teacher, etc.) that are supportive of you stopping or reducing your substance use?

◯ Yes ◯ No

Please describe *(even if you marked, "No" to #4)*:

5.) Are you currently involved in any relationships or situations (e.g., being bullied, violence in your home and/or neighborhood, abuse (physical, mental, emotional) that pose a threat to your safety and could impact you stopping or reducing your substance use?

◯ Yes ◯ No

Please describe *(even if you marked, "No" to #5)*:

6.) Are you currently involved with social services or the legal system (e.g., court mandated, probation, parole)?

◯ Yes ◯ No

Please describe *(even if you marked, "No" to #6)*:

Copy and paste all charges from CJIS.

7.) Are you currently enrolled in school?

◯ Yes ◯ No

Please describe *(even if you marked, "No" to #7)*:

Include education history, experience with education system, and any educational goals.

8.) Are you currently employed?

◯ Yes ◯ No

Please describe *(even if you marked, "No" to #8)*:

Include brief employment history, and if employment had a relationship to substance use history. Include information about financial status/primary source of income.

Dimension 6 - Recovery/Living Environment Severity Rating

None	Mild	Moderate	Severe	Very Severe
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.

Please select a severity rating:

◯ None ◯ Mild ◯ Moderate ◯ Severe ◯ Very Severe

Dimension 6: Recovery/Living Environment

- ◯ Social support system or significant others increase the risk of personal conflict about alcohol, tobacco or other drug use (Level 0.5)
- ◯ Recovery environment is supportive and/or the person has skills to cope (OPT Level 1)
- ◯ Recovery environment is supportive and/or the person has skills to cope (Level 1)
- ◯ Recovery environment is not supportive, but with structure and support, the person can cope (Level 2.1)
- ◯ Recovery environment is not supportive, but with structure and support and relief from the home environment, the person can cope (Level 2.5)
- ◯ Environment is dangerous, but recovery is achievable if level 3.1 / 24 hour structure is available (Level 3.1)
- ◯ Environment is dangerous and person needs 24-hour structure to learn to cope (Level 3.3)
- ◯ Environment is dangerous and the person lacks skills to cope outside of highly structured 24 hour setting (Level 3.5)
- ◯ Environment is dangerous and the person lacks skills to cope outside of a highly structured 24-hour setting (Level 3.7)
- ◯ Problems in this dimension do not qualify the person for Level 4 services (Level 4)

General

Level ⌄ Documented Risk ⌄

Comments

Provide evidence to match rating. This will be copied to Final Determination page. To note, when doing a stand-alone ASAM, provide updated information from last 30 days related to previous ASAM assessment.

Final Determination

Initial | Dimension 1 | Dimension 2 | Dimension 3 | Dimension 4 | Dimension 5 | Dimension 6 | Final Determination

Final Determination

This information will carry over from the Comment section in each Dimension above

Dimension 1 Risk:

Dimension 2 Risk:

Dimension 3 Risk:

Dimension 4 Risk:

Dimension 5 Risk:

Dimension 6 Risk:

Final Placement Determination

Indicated/Referred Level

Provided Level

Comments

San Bernardino ASAM Final Determination

In drop down menus, utilize ASAM numerical indicators

Final Placement Determination

Additional Indicated Level of Care: None

Second Additional Indicated Level of Care: None

Provided Additional Level of Care: None

If Actual LOC was not among those indicated, what is the reason for the difference?

If referral is being made but admission is expected to be delayed, what is the reason for delay?

If reason was "Other", explain:

If reason was "Other", explain:

Immediate Need Profile Determination

Outcome of Immediate Needs Profile

Referred by *(specify):*

Explanation of why patient is currently seeking treatment: Current symptoms, functional impairment, severity, duration of symptoms (e.g., unable to work/school, relationship/housing problems):

Please enter the name(s) for up to three substances of highest clinical concern for this client. After, please check the checkbox if the statement is accurate for the client's use of each substance.

Item #	Substance Use Disorder Criteria (DSM-5)	Name of Substance #1:	Name of Substance #2:	Name of Substance #3:
1	Substance often taken in larger amounts or over a longer period than was intended.	☐	☐	☐
2	There is a persistent desire or unsuccessful efforts to cut down or control substance use.	☐	☐	☐
3	A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.	☐	☐	☐
4	Craving, or a strong desire or urge to use the substance.	☐	☐	☐
5	Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.	☐	☐	☐
6	Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.	☐	☐	☐
7	Important social, occupational, or recreational activities are given up or reduced because of substance use.	☐	☐	☐
8	Recurrent substance use in situations in which it is physically hazardous.	☐	☐	☐
9	Continued substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.	☐	☐	☐
10	Tolerance, as defined by either of the following: -A need for markedly increased amounts of the substance to achieve intoxication or desired effect. -A markedly diminished effect with continued use of the same amount of the substance.	☐	☐	☐
11	Withdrawal, as manifested by either of the following: -The characteristic withdrawal syndrome for the substance. -Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.	☐	☐	☐
	Total Number of Criteria	0	0	0

Using the questions above, does the client meet criteria for Tobacco Use Disorder?

◯ Yes ◯ No

List Substance Use Disorder(s) that meet DSM-5 Criteria and Date of DSM-5 Diagnosis

"Based on the client's report on the substance use tab and this clinician's diagnostic impression, (client's name) meets criteria for (list substance) use disorder (specify Mild, Moderate, or Severe) based on criteria: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 (list all that apply)."