

Client Name: _____

Date: _____

City/geographic region: _____

Phone: _____

Okay to leave V/M Yes NoWere responses provided by a third party? Yes No**Referral source:** Self Access/Crisis Line (ACL) Drug Dependency Court CalWorks Case Management Other: _____ Decline to state**Gender Identity:** Male Female Transgender (M to F) Transgender (F to M) Questioning/Unsure Other _____ Decline to state UnknownIf female, are you currently pregnant? Yes No**Sexual Orientation:** Heterosexual/Straight Lesbian Gay Bisexual Questioning/Unsure Other: _____ Decline to state Unknown**Dimension 1: Withdrawal/Detox Potential**

1. Are you experiencing any current severe withdrawal symptoms? Yes No Unknown N/A
(Ex.: Nausea & vomiting, excessive sweating, fever, tremors, seizures, rapid heart rate, blackouts, hallucinations, "DTs")

If YES to 1, make immediate referral for medical evaluation of need for acute, inpatient care. **Stop Screen.**

2. Are you under the influence of any substances right now? Yes No Unknown N/A
3. If NO, have you used any substances in the last 1-3 days? Yes No Unknown N/A

If YES to 2, consider Withdrawal Management. Continue screening.

4. How does drinking alcohol/using drugs impact your daily life or functioning? Please describe:

Comments:

Severity Rating – Dimension 1 (Substance Use, Acute Intoxication, Withdrawal Potential)

Please Check one of the following levels of severity

<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Fully functioning, no signs of intoxication or W/D present.	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self/others. Minimal risk of severe W/D.	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe W/D.	Severe signs/symptoms of intoxication indicate an imminent danger to self/others. Risk of severe but manageable W/D; or W/D is worsening.	Incapacitated, with severe signs/symptoms. Severe W/D presents danger, such as seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleeding, or fetal death).

Dimension 2: Biomedical Conditions and Complications (not related to withdrawal)

1. Are you having a medical emergency? Yes No Unknown N/A

If YES to 1, make immediate referral for medical evaluation of need for acute, inpatient care. **Stop Screen.**

2. Do you have any physical health conditions or disabilities? If yes, describe below.

Yes No Unknown N/A

If yes to #2, do any of these health conditions have an impact on your daily life or functioning?

Yes No Unknown N/A

If yes, describe:

3. Do you require any special accommodations? (e.g., wheelchair, other?) Yes No Unknown N/A
 If yes, specify:

Comments:

Severity Rating – Dimension 2 (Biomedical Conditions and Complications)
Please Check one of the following levels of severity

<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Fully functioning and able to cope with any physical discomfort or pain.	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms (such as acute episodes of chronic, distracting pain, or signs of malnutrition or electrolyte imbalance) are present. Serious biomedical problems are neglected.	Poor ability to tolerate and cope with physical problems, and/or general health condition is poor. Serious medical problems neglected during outpatient or IOS services. Severe medical problems (such as severe pain requiring medication, or hard to control Type 1 Diabetes) are present but stable.	The person is incapacitated, with severe medical problems (such as extreme pain, uncontrolled diabetes, GI bleeding, or infection requiring IV antibiotics).

Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications

1. Are you currently having thoughts of suicide or hurting yourself? Yes No Unknown N/A

If yes, please explain below and explain if you have a plan and the means to attempt suicide or hurt yourself:

2. Are you currently having thoughts of causing physical harm to others? Yes No Unknown N/A

If yes, do you have a plan and the means to harm others? Please explain:

If YES to 2, ask additional questions to further assess for Tarasoff. **If found to be a Tarasoff incident, follow current Tarasoff process.**

3. Are you currently experiencing a behavioral health crisis, such as severe mental or emotional issues?

Yes No Unknown N/A

If yes to 3, document additional information in detail:

If clinically indicated due to client’s answer “yes” and details, refer to nearest psychiatric emergency facility, follow and respond as directed by agency policy and procedure. **Stop Screen.**

4. Do you have a mental health diagnosis? Yes No Unknown N/A

If yes, specify:

5. If yes to #4, does your mental health have an impact on your daily life or functioning?

Yes No Unknown N/A

If yes, describe:

Comments:

Severity Rating – Dimension 3 (Emotional, Behavioral or Cognitive (EBC) Conditions or Complications)

Please Check one of the following levels of severity

<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Good impulse control, coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	There is a suspected or diagnosed EBC condition that requires intervention, but does not significantly interfere with treatment. Relationships are being impaired but not endangered by substance use.	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self/others, but not dangerous in a 24-hr. setting	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self/others.

Dimension 4: Readiness to Change

1. Have you been mandated or directed to receive SUD (substance use disorder) treatment?

- Yes No Unknown N/A

If yes, describe mandate/direction:

2. How ready are you to change your alcohol or drug use now? Unknown N/A

- Not ready Getting Ready Ready In process of making changes Sustained change made (Maintenance)

Comments:

Severity Rating – Dimension 4 (Readiness to Change)
Please check one of the following levels of severity

<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Engaged in treatment as a proactive, responsible participant. Committed to change.	Ambivalent of the need to change. Willing to explore need for treatment and strategies to reduce or stop substance use. May believe it will not be difficult to change, or does not accept a full recovery treatment plan.	Reluctant to agree to treatment. Able to articulate negative consequences (of substance use and/or mental health problems) but has low commitment to change. Passively involved in treatment (variable follow through, variable attendance)	Minimal awareness of need to change. Only partially able to follow through with treatment recommendations.	Unable to follow through, little or no awareness of problems, knows very little about addiction, sees no connection between substance use/consequences. Not willing to explore change. Unwilling/unable to follow through with treatment recommendations.

Dimension 5: Relapse/Continued Use Potential

1. Have you drank or used on most days (15 or more) in the last 30 days? Yes No Unknown N/A

2. Are you likely to continue to drink or use without treatment? Yes No Unknown N/A

3. On a scale from 0 to 10, with 0 being “none” and 10 being “very likely”, how would you describe your desire/urge to use substances? Unknown N/A

None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very likely
	0	1	2	3	4	5	6	7	8	9	10		

Comments:

Severity Rating – Dimension 5 (Relapse, Continued Use, or Continued Problem Potential)
Please check one of the following levels of severity

<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Low or no potential for further substance use problems or has low relapse potential. Good coping skills in place.	Minimal relapse potential. Some risk, but fair coping and relapse prevention skills.	Impaired recognition and understanding of substance use relapse issues. Able to self-manage with prompting.	Little recognition and understanding of relapse issues, poor skills to cope with relapse.	Repeated treatment episodes have had little positive effect on functioning. No coping skills for relapse/addiction problems. Substance use/behavior places self/others in imminent danger.

Dimension 6: Recovery Environment

1. Is your current living situation unsafe or harmful to your recovery? Yes No Unknown N/A
2. Do you have relationships that are supportive of you and your recovery? Yes No Unknown N/A
3. Do you struggle to care for yourself? Yes No Unknown N/A
4. Have you ever been arrested/charged/convicted/registered for arson? Yes No Unknown N/A
5. Have you ever been arrested/charged/convicted/registered for a sex crime(s)? Yes No Unknown N/A

Comments:

Severity Rating – Dimension 6 (Recovery/Living Environment)
Please check one of the following levels of severity

<input type="checkbox"/> 0: None	<input type="checkbox"/> 1: Mild	<input type="checkbox"/> 2: Moderate	<input type="checkbox"/> 3: Significant	<input type="checkbox"/> 4: Severe
Supportive environment and/or able to cope in environment.	Passive/disinterested social support, but not too distracted by this situation and still able to cope.	Unsupportive environment, but able to cope with clinical structure most of the time.	Unsupportive environment and the client has difficulty coping, even with clinical structure.	Environment toxic/hostile to recovery (i.e. many drug-using friends, or drugs are readily available in the home environment, or there are chronic lifestyle problems). Unable to cope with the negative effects of this environment on recovery (i.e. environment may pose a threat to recovery).

Level of Care Inquiry:

Do you have an idea about the type of treatment you are interested in? Yes No Unknown N/A
 Outpatient Intensive Outpatient Residential OTP/MAT
 Withdrawal Management Other: _____

Level of Care Disposition:

Recommended Level of Care:

Outpatient Intensive Outpatient Residential
 OTP/MAT Withdrawal Management Urgent/Crisis

Actual Level of Care Offered:

Outpatient Intensive Outpatient Residential
 OTP/MAT Withdrawal Management Urgent/Crisis

Reason for Discrepancy (if any): _____

Not Applicable Service not available Provider judgment Client preference
 Transportation Accessibility Financial Preferred to wait
 Language/Cultural Factors Environment Mental Health Physical Health
 Court/Probation ordered Other _____
 Client on waiting list for indicated level

Program referral(s): _____

Printed Name: _____

Signature: _____ **Date:** _____