

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: Denies any significant history. No hx of acute intoxication or withdrawal

Risk Rating: [X] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

Dimension 2: Biomedical conditions and complications: None noted

Risk Rating: [X] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

Dimension 3: Emotional / Behavioral / Cognitive Conditions and Complications: No issues noted, immaturity and inexperience needs to be addressed

Risk Rating: [X] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

Dimension 4: Readiness to Change: Scored in pre-contemplation range. May benefit from education, maintain routine compliance.

SA Risk Rating: [X] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

MH Risk Rating: [X] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] A [ ] B

Dimension 5: Relapse / Continued Use or Continued Problem Potential: Relapse possibility not an issues at this time

SA Risk Rating: [X] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

MH Risk Rating: [X] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] A [ ] B

Dimension 6: Recovery / Living Environment: Home appears stable

SA Risk Rating: [X] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4

MH Risk Rating: [X] 0 [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] A [ ] B

ASAIS ID:	Last Name: <u>      Jones      </u>	First Name: <u>      Julie      </u>	MI:
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**DSM-IV Diagnostic Impression and/or Diagnosis**

<b>Axis I</b>	Code: <u>      V 71.09      </u>	Description:
<b>Primary</b>	_____	_____
	_____	_____
<b>Secondary</b>	_____	_____
<b>Axis II</b>	_____	_____
	_____	_____
<b>Axis III</b>	<u>      None Noted      </u>	

**Axis IV**

- |  |   |  |
|--|---|--|
| 0 <input checked="" type="checkbox"/> None<br>1 <input type="checkbox"/> Problems with primary support group<br>2 <input type="checkbox"/> Problems related to social environment<br>3 <input type="checkbox"/> Educational Problems | 4 <input type="checkbox"/> Occupational Problems<br>5 <input type="checkbox"/> Housing Problems<br>6 <input type="checkbox"/> Economic Problems | 7 <input type="checkbox"/> Problems with access to health care services<br>8 <input type="checkbox"/> Problems related to interaction with legal system / crime<br>9 <input type="checkbox"/> Other psychological and environmental problems |
|--|---|--|

**Axis V** Current GAF:       60      

**LEVEL OF CARE PLACEMENT SUMMARY**

Assessed	Placed	Level of Care:
<input checked="" type="checkbox"/>	<input checked="" 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
<input type="checkbox"/>	<input type="checkbox"/>	Level III.7-D - Medically Monitored Inpatient Detoxification

**Reason for Difference:**

- |   |  |                                |
|---|--|--------------------------------|
| <input checked="" type="checkbox"/> N/A No Difference<br><input type="checkbox"/> Clinician/Supervisor override | <input type="checkbox"/> Service not available<br><input type="checkbox"/> Consumer preference | <input type="checkbox"/> Other |
|---|--|--------------------------------|

Transportation or Logistical problem

Client refused services

**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

ASAIS ID:

Last Name: Jones

First Name: Julie

MI:

**Disposition:**

Admitted to \_\_\_\_\_ for assessed level of care

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signatures and Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signatures and Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Admitted to \_\_\_\_\_ for interim level of care

Referred to Local Prevention and Educational Program 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

