



ADMISSION CHIEF COMPLAINT

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DIMENSION SEVERITY RATING

1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

None Mild Moderate Severe Very Severe

Summarize (acute/post-acute symptoms, pertinent lab/diagnostic results, etc.):

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2: BIOMEDICAL CONDITIONS

None Mild Moderate Severe Very Severe

Summarize (relevant medical/physical issues, sleep, appetite, etc.):

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3: EMOTIONAL/BEHAVIORAL CONDITIONS

None Mild Moderate Severe Very Severe

Summarize (acute psychiatric symptoms, psychiatric history, current psychotropic home meds, etc.):

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4: READINESS TO CHANGE

None Mild Moderate Severe Very Severe

Summarize (admission circumstances, substance use disorder treatment history, etc.):

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5: RELAPSE/CONTINUED USE POTENTIAL

None Mild Moderate Severe Very Severe

Summarize (precipitating factors, triggers, etc.):

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6: RECOVERY ENVIRONMENT

None Mild Moderate Severe Very Severe

Summarize (family/support components, educational needs, legal issues, etc.):

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INITIAL ORDERS/TREATMENT:

NUMBER OF DAYS OR SESSIONS PER WEEK: _____

ADHERENCE TO PROGRAM/DAYS ATTENDED IN THIS REVIEW PERIOD:

CHANGES IN MEDICATION:

DISCHARGE GOALS:

BARRIERS TO DISCHARGE:

DISCHARGE PLAN:

DISCHARGE DATE: _____ ANTICIPATED ACTUAL

FOLLOW-UP APPOINTMENT SCHEDULED: _____

DISCHARGE ADDRESS: _____ PHONE: _____

NEW LEVEL OF CARE (if applicable): _____