

PCPC Summary Sheet

1. Client Name: _____ SS#: _____
Reviewer/Therapist: _____ Phone # & Ext. _____
Facility: _____ Date: _____

Circle One: ADMISSION CONTINUED STAY DISCHARGE/REFERRAL

2. Show the level of care and criteria indicated for each dimension below (e.g., Dimension 1: LOC 3A; Criteria 3A1.B):

Indicate the level of care recommended, the program or facility referred to: _____

Indicate criteria in the following sections:

	Level of Care	Criteria Indicated
1. Intoxication/Withdrawal	_____	_____
2. Biomedical Conditions	_____	_____
3. Emotional/Behavioral	_____	_____
4. Treatment Accept/Resist	_____	_____
5. Relapse Potential	_____	_____
6. Recovery Environment	_____	_____

3. A brief comment about the client's progress or status is required in each dimension. For detox admissions, include in Dimension 1 amount, duration, and last use for each substance.

Dimension 1: _____

Dimension 2: _____

Dimension 3: _____

Dimension 4: _____

Dimension 5: _____

Dimension 6: _____
