

Adolescent Placement Summary Sheet

1. Client Name _____ SS#: _____
Review/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 3: LOC 1; Criteria a, b, c).

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

Indicate criteria in the following sections:

| | <u>Level of Care</u> | <u>Criteria Indicated</u> |
|---|----------------------|---------------------------|
| 1. Acute Intoxification and/or Withdrawal Potential | _____ | _____ |
| 2. Biomedical Conditions and Complications | _____ | _____ |
| 3. Emotional/Behavioral or Cognitive Conditions and Complications | _____ | _____ |
| 4. Readiness to Change | _____ | _____ |
| 5. Relapse, Continued Use or Continued Problem 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: _____
