

Adolescent Placement 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 3: LOC 1; Criteria a, b, c):

Indicate the level of care recommended: _____

Indicate the program or facility referred to: _____

	<u>Level of Care</u>	<u>Criteria Indicated</u>
1. Acute Intoxication 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: _____
