

## PCPC Summary Sheet

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

Circle One:    ADMSSION            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:

	<u>Level of Care</u>	<u>Criteria Indicated</u>
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: \_\_\_\_\_