

**30 Day Re-Assessment  
Continuum of Care Form  
Substance Use Disorder Services**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Screener: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Current Relevant Information**

\* Re-engaged with Family? **Y / N** \* Plans to Enroll in School? **Y / N** \* **Somewhere Safe to Reside** **Y / N**  
Did you put work on hold to enroll in SUD TX? **Y / N** \* Plans to return to Work? **Y / N** \* Identified Relapse Triggers **Y / N** \*  
Receiving Services for Mental Illness? **Y / N** \* Medical Insurance? **Y / N** \* Outside Support System in Place **Y / N** \*

**Stage of Change**

Pre-contemplation \_\_; Contemplation \_\_; Determination \_\_; Action \_\_; Relapse \_\_; Maintenance \_\_  
*Comment:* \_\_\_\_\_

**Desire to Change**

No desire \_\_ (4); Little desire \_\_ (3); Ambivalent desire \_\_ (2); Desires to change, with some reservations \_\_ (1);  
Active desire to change \_\_ (0)  
*Comment:* \_\_\_\_\_

**Relapse Prevention**

Actively objects to a relapse prevention plan \_\_ (4); Unwilling to develop a relapse or continued use prevention plan \_\_ (3);  
Ambivalent about a relapse or continued use prevention plan \_\_ (2); Willing to do a relapse or continued use prevention plan \_\_  
(1); Working actively on a prevention or continued use prevention plan \_\_ (0)  
*Comment:* \_\_\_\_\_

**Interpersonal / Social Functioning**

Actively toxic relationships \_\_ (4) Not supportive relationships \_\_ (3) Marginally supportive \_\_ (2) Moderately supportive \_\_ (1)  
Very supportive \_\_ (0) *Comment:* \_\_\_\_\_

**Self-Care**

No self-care deficits noted \_\_ (0) Does not seek appropriate treatment/supportive services without assistance or requires  
significant to do so; needs services to prevent relapse \_\_ (1) Requires assistance in basic life and survival skills (i.e. locating  
food, finding shelter) \_\_ (2) Requires assistance in basic hygiene, grooming and care of personal environment \_\_ (3) Engages in  
impulsive, illegal or reckless behavior \_\_ (4)  
*Comment:* \_\_\_\_\_

**Additional Information:**

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### ASAM Clinical Placement Scoring Summary

**ASAM Dimensions:** 2 – *Biomedical Conditions and Complications*; 3 – *Emotional/Behavioral/Cognitive Conditions and Complications*; 4 – *Readiness to Change (including Desire to Change)*; 5 – *Relapse/Continued Use/Continued Problem Potential*; 6 – *Recovery Environment*

Risk Rating	Intensity of Service Needed	Dimensions				
		2	3	4	5	6
<b>(0) No Risk or Stable</b> – Current risk absent. Any acute or chronic problem mostly stabilized.	No immediate services needed.					
<b>(1) Mild</b> – Minimal, current difficulty or impairment. Minimal or mild signs and symptoms. Any acute or chronic problems soon able to be stabilized and functioning restored with minimal difficulty.	Low intensity of services needed for this dimension. Treatment strategies usually able to be delivered in outpatient settings.					
<b>(2) Moderate</b> – Moderate difficulty or impairment. Moderate signs and symptoms. Some difficulty coping or understanding, but able to function with clinical and other support services and assistance	Moderate intensity of services, skills training or supports needed for this level of risk. Treatment strategies may require intensive levels of outpatient care.					
<b>(3) Significant</b> – Serious difficulties or impairment. Substantial difficulty coping or understanding and being able to function even with clinical support.	Moderately high intensity of services, skills training, or supports needed. May be in danger or near imminent danger.					
<b>(4) Severe</b> – Severe difficulty or impairment. Serious, gross or persistent signs and symptoms. Very poor ability to tolerate and cope with problems. Is in imminent danger.	High intensity of services, skills training, or supports needed. More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services & frequency greater than daily.					

**Key Findings Supporting Next Placement Decision:**

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Next Placement Level of Care	Referral Source Information
<p><b>1. Continue at Current Level: Y / N</b>                      If no, select one:</p> <ul style="list-style-type: none"> <li>- 1 Outpatient Services</li> <li>- 2.1 Intensive Outpatient Services</li> <li>- RR/OT Recovery Residence plus Outpatient</li> <li>- RR/IOT Recovery Residence plus Intensive Outpatient</li> <li>- 3.1 Low-Intensity Residential Services</li> <li>- 3.3 Population-Specific High-Intensity Residential Services</li> <li>- 3.5 High-Intensity Residential Services</li> <li>- 1-WM Ambulatory Withdrawal Mgmt. w/out Extended On-Site Monitoring</li> <li>- 3.2-WM Residential Withdrawal Management</li> <li>- NTP Narcotic Treatment Program</li> </ul>	<p>Program Currently Residing In: _____</p> <p>Contact Person: _____</p> <p>Program Referred To(If a change in level of care):                      _____</p> <p>Contact Person: _____</p> <p>Intake Appointment Date/Time: _____</p>
<b>Staff Printed Name &amp; Signature (required)</b>	<b>Date:</b>
<b>Supervisor Printed Name &amp; Signature (required)</b>	<b>Date:</b>