Client Name: _____ Client ID #:_____

ADOLESCENT (Parent/Guardian Version)
Initial Level of Care Assessment

The following sections are completed by the parent/guardian and counselor

Name of Parent/Guardian Completing Form: _____

Relationship to Client: _____

ASAM Dimension 1: Substance Use, Acute Intoxication and/or Withdrawal Potential

Do you know if your child is drinking alcohol or using other drugs? ☐ YES ☐ NO

If yes, describe: _____

_____

Do you know if your child is using anything else to get high? ☐ YES ☐ NO ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")

If yes, please explain: _____

_____

Has your child ever been hospitalized or experienced blackouts due to alcohol or other drug use? ☐ YES ☐ NO

If yes, when? _____

_____

Has your child received treatment for alcohol and/or other drugs in the past? ☐ YES ☐ NO If yes, detail:

Type of Recovery Treatment (Outpatient, Residential, Detoxification)	Name of Treatment Facility	Dates of Treatment	Treatment Completed (yes or no)

If needed, additional comments/information/clinical rationale for score:_____

_____

_____

_____

_____

_____

ASAM Dimension 2: Biomedical Conditions/Complications

Does your child have any current physical health problems (i.e. seizures, other conditions)? ☐ YES ☐ NO

If yes, please describe (include any medications that are currently prescribed by a physician):

_____

_____

If recently enrolled in Medi-Cal, has your child received a health screening to identify health needs within 90 days of enrollment into Medi-Cal? ☐ YES ☐ NO ☐ N/A

If female, is your child pregnant? ☐ YES ☐ NO ☐ Unknown ☐ Declined to State ☐ N/A

If yes, how many weeks/months? _____

If needed, additional comments/information/clinical rationale for score:_____

_____

_____

_____

_____

_____

ASAM Dimension 3: Emotional/Behavioral/Cognitive Conditions/Complications

Have you ever taken your child to an outpatient therapist or counselor? ☐ YES ☐ NO

If yes, explain why: _____

_____

Has your child ever harmed themselves or someone else (cutting, acted violent toward others)? ☐ YES ☐ NO

If yes, please describe: _____

_____

Has your child ever received services in an inpatient setting (hospital) or outpatient for mental or behavioral health needs?
☐ YES ☐ NO If yes, please detail:

Name of Provider	Dates of Treatment	Comments

Is he or she currently taking medications for mental or behavioral health needs? ☐ YES ☐ NO

If yes, please describe: _____

If needed, additional comments/information/clinical rationale for score:_____

_____

_____

_____

_____

ASAM Dimension 4: Readiness to Change

On a scale of 0 (not ready) to 4 (very ready), what is your child's readiness to stop using alcohol or other drugs?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Comments: _____

_____

_____

If needed, additional comments/information/clinical rationale for score:_____

_____

_____

_____

_____

ASAM Dimension 5: Relapse, Continued Use, or Continued Problem Potential

As far as you know, has your child ever used alcohol or drugs while by themselves or alone? ☐ YES ☐ NO

Do you feel your child could stop using or drinking without help? ☐ YES ☐ NO

Comments: _____

If needed, additional comments/information/clinical rationale for score:_____

_____

_____

_____

_____

Client Name: _____ Client ID #:_____

ASAM Dimension 6: Recovery Environment

Has your child ever got into trouble while using alcohol or drugs? ☐ YES ☐ NO

If yes, explain: _____

Does your child have problems with transportation? ☐ YES ☐ NO

Does your child have a stable living environment? ☐ YES ☐ NO

Please explain: _____

Do your child's friends use alcohol or other drugs? ☐ YES ☐ NO

Comments: _____

If needed, additional comments/information/clinical rationale for score:_____

_____

_____

_____

_____

_____	_____	_____
Counselor Name (if applicable)	**Signature (if applicable)**	**Date**
_____	_____	_____
LPHA* Name	**Signature**	**Date**

*Licensed Practitioner of the Healing Arts (LPHA) includes: MD, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.