ADOLESCENT (Parent/Guardian Form)
Initial Screening/Intake Instruction Form
(The following sections to be completed by the adolescent's parent/guardian and counselor)

REQUIRED FORM:

This form is required within the client file, if client has an available parent or guardian to complete the screening/intake form.

WHEN: Form to be completed by a Therapist/Counselor and the Parent/Guardian of an adolescent during the completion of the Initial Screening/Intake. The Therapist/Counselor will also complete the Adolescent Initial Screening/Intake Form.

PURPOSE: Completion of the form will assist to determine possible client admission and level of care determination within a SUD treatment program. Increased collaboration between Therapist/Counselor and Parent/Guardian by use of Motivational Interviewing techniques will result in a more comprehensive and useful screen/intake.

REQUIRED ELEMENTS

PERSONAL INFORMATION

- **Client Name:** Enter "Client Name". Hit tab to get to "Client ID #", *once you hit tab again to get to the next field, the client name and ID will populate on the rest of the pages.*
- **Client ID#:** Client ID number as determined by agency guidelines.

ASAM DIMENSION 1: SUBSTANCE USE, ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

- **Do you know if your child is drinking alcohol or using other drugs?** Check Yes or No.
  - If yes, describe in detail.
- **Do you know if your child is using anything else to get high?** Check Yes or No.
  - If yes, explain in detail.
- **Has your child ever been hospitalized or experienced blackouts due to alcohol or other drug use?** Check Yes or No.
  - If yes, provide additional details such as dates, name of ER or Hospital, and discharge recommendations, if any.
- **Has your child received treatment for alcohol and/or other drugs in the past?** Check Yes or No.
  - If yes, provide details as prompted in the box; Type of Recovery Treatment, Name of Treatment Facility, Dates of Treatment, Treatment Completed or not (yes or no).

ASAM DIMENSION 2: BIOMENDICAL CONDITIONS/COMLICATIONS

- **Does your child have any current physical health problems (seizures)?** Check Yes or No.
  - If yes provide additional details; treating physician, include prescribed medications, surgeries, and hospitalizations due to medical conditions.
- **If female, is your child pregnant?** Check Yes or No.
  - If yes, how many weeks/months, under whose care?

ASAM DIMENSION 3: EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS/COMPLICATIONS

- **Have you ever taken your child to a Therapist or Counselor?** Check Yes or No.
    - If yes, explain; provide details such as name, dates, how treatment ended or if continued, reason for seeking treatment, opinion as to effectiveness of treatment.
- **Has your child ever harmed themselves or others (cutting, acted violent toward others):** Check Yes or No.
    - If yes, describe in detail to include; how recent, what happened before and what happened after self-harm or harm towards others, frequency, in what way/method.
- **Has your child ever received services in an inpatient setting (hospital), or outpatient setting for mental or behavioral health needs?** Check Yes or No.
    - If yes, describe in detail, follow the prompts within the box: Name of provider, Dates of Treatment, Comments.
- **Is he/she currently taking medications for mental or behavioral health needs?** Check Yes or No.
    - If yes, please describe: name, dosage, frequency, prescriber, did he/she take medications as prescribed, were the medications effective?

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**? Check the appropriate box. Add additional comments and give as much detail as possible.

ASAM DIMENSION 5: RELAPSE, CONTINUED USE, OR CONTINUED PROBLEM POTENTIAL

- **As far as you know, has your child ever used alcohol or other drugs while by themselves or alone?** Check the appropriate box.
- **Do you feel your child could stop using or drinking without help?** Check the appropriate box. Add additional comments.

ASAM DIMENSION 6: RECOVERY ENVIRONMENT

- **Has your child ever got into trouble while using alcohol or other drugs?** Check Yes or No.
    - If yes, provide additional details: what type of trouble, how often, age first began, consequences of trouble.
- **Does your child have problems with transportation?** Check Yes or No.
- **Does your child have a stable living environment?** Check Yes or No.
- **Do your child's friends use alcohol or other drugs?** Check Yes or No. Add additional comments.

STAFF SIGNATURES

- **AOD Therapist/Counselor Name:** Print name, signature, credentials, and date.
- **LPHA Name:** Print name, signature, credentials, and date.

**Licensed Practitioner of the Healing Arts (LPHA) includes: MD, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LPC), 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.*