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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DDAP-EFM-1002 6/18 | | | | | American Society of Addiction Medicine  **ASAM Placement**  **Summary Sheet**  (Required fields are in **BOLD**) | | | | | | | | | | **Provider Location:**  **Provider Name:**  **DDAP License #:** | | | | | |
|  | **NOTE:**  For all SCA-funded individuals, the ASAM information is required to be entered into [PA WITS](https://pa-sts.witsweb.org/LdapPlugin/Account/Login?returnUrl=%2Fissue%2Fwsfed%3Fwa%3Dwsignin1.0%26wtrealm%3Dwits%253Apennsylvania%253Aprod%26wctx%3Drm%253D0%2526id%253Dpassive%2526ru%253D%25252Finit%26wct%3D2017-11-01T18%253A49%253A25Z%26whr%3Dwits%253Aauth%253Astrong%26wreply%3Dhttps%253A%252F%252Fpa.witsweb.org%252Finit). | | | | | | | | | | | | | | | | | | | |
| **UCN:** |  | | | | | | | | **Date:** | | |  | | | | | | | | |
| **First Name:** | | |  | | | | M.I.: |  | **Last Name:** | | | | |  | | | Suffix: |  | | |
|  | | | |  | | | | | |  | | |  | | | | | |  | |
| **Assessor:** | |  | | | | | | | | **Phone # & Ext.:** | | | | | |  | | | |  |
| **Type** (Check One): **Admission  Continued Stay  Discharge** | | | | | | | | | | | | | | | | | | | |  |
| **Dimension** | | | | | |  | | | | | | | | | | | | | |  |
| **D1. Acute intoxication and/or withdrawal potential:** | | | | | | **Level of Risk:** | | | | | **Level of Care:** | | | | | | | | | |
| **Criteria Included/Comments:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **D2. Biomedical Conditions and Complications:** | | | | | | **Level of Risk:** | | | | | **Level of Care:** | | | | | | | | | |
| **Criteria Included/Comments:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **D3. Emotional/Behavioral or cognitive conditions and complications:** | | | | | | **Level of Risk:** | | | | | **Level of Care:** | | | | | | | | | |
| **Criteria Included/Comments:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **D4. Readiness to change:** | | | | | | **Level of Risk:** | | | | | **Level of Care:** | | | | | | | | | |
| **Criteria Included/Comments:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **D5. Relapse, continued use or continued problem potential:** | | | | | | **Level of Risk:** | | | | | **Level of Care:** | | | | | | | | | |
| **Criteria Included/Comments:** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **D6. Recovery Environment:** | | | | | | **Level of Risk:** | | | | | **Level of Care:** | | | | | | | | | |
| **Criteria Included/Comments:** | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Indicate the level of care recommended:** | |  | | |  |  |
|  | | | | | | |
| **Indicate the level of care received:** | |  | | |  |  |
|  | | | | | | |
| **If recommended level of care is different from received, why?** | |  | | | |  |
|  | | | | | | |
| **Indicate the program or**  **Facility referred to:** | |  | | | |  |
|  | | | | | | |
| **Supervisor signature is only required until the assessor has met the training and competency requirements.** | | | | | | |
| Supervisor Signature: |  | | Date: |  | |  |
|  | | | | | | |