

Child Protection Substance Abuse Initiative
DIAGNOSTIC IMPRESSION / RECOMMENDATION FORM

Local DYFS Office:

NJ SPIRIT ID #:

Case Name:

Assessment Date:

DYFS Worker:

Phone #:

DYFS Supervisor:

Phone #:

Assessment Counselor:

Phone #:

DIAGNOSTIC IMPRESSION:

Client Name:

NJSAMS ID:

Date:

Axis I:

Axis II:

Axis III:

Axis IV: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Problems with primary support group | <input type="checkbox"/> Occupational problems |
| <input type="checkbox"/> Problems related to social environment | <input type="checkbox"/> Housing problem |
| <input type="checkbox"/> Educational problems | <input type="checkbox"/> Economic problems |
| <input type="checkbox"/> Problems with the legal system/crime | <input type="checkbox"/> Problem with access to healthcare services |
| <input type="checkbox"/> Other Psychosocial and environmental problems (Specify) | |

Axis V (GAF SCORE):

TREATMENT RECOMMENDATIONS:

- | | |
|---|---|
| <input type="checkbox"/> Level 0.5 – Early Intervention | <input type="checkbox"/> Level III.1 – Clinically Managed Low-Intensity Residential Treatment |
| <input type="checkbox"/> Level I – Outpatient Treatment | <input type="checkbox"/> Level III .3 – Clinically Managed Medium Intensity Residential Treatment |
| <input type="checkbox"/> Level II.1 – Intensive Outpatient | <input type="checkbox"/> Level III.5 – Clinically Managed High-Intensity Residential Treatment |
| <input type="checkbox"/> Level II.5 – Partial Hospitalization | <input type="checkbox"/> Level III.7 – Medically Monitored Intensive Inpatient Services |
| | <input type="checkbox"/> Level IV – Medically Managed Inpatient Services |

Detoxification Level of Care (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Level I-D - Ambulatory Detoxification | <input type="checkbox"/> Level III.7D – Medically Monitored Inpatient Detoxification |
| <input type="checkbox"/> Level II-D - Ambulatory Detoxification
Extended Onsite Monitoring | <input type="checkbox"/> Level IV-D - Medically Managed Intensive Inpatient Detoxification |
| <input type="checkbox"/> Level III.2-D - Clinically Managed
Residential Detoxification | |

Recommendations (specify):

Assessment Counselor (signature)

Date

Clinical Supervisor (signature)

Date

Reviewed by DYFS Worker / DYFS Case Supervisor (Signature)

Date