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)		
 □ Problems with primary support group □ Problems related to social environment □ Educational problems □ Problems with the legal system/crime □ Other Psychosocial and environmental problems (Special System) 	Occupational problems Housing problem Economic problems Problem with access to	
Axis V (GAF SCORE):		
TREATMENT RECOMMENDATIONS:		
☐ Level 0.5 – Early Intervention ☐ Level I — Outpatient Treatment ☐ Level II.I – Intensive Outpatient ☐ Level II.5 – Partial Hospitalization	Level III.3 – Clinically Level III.5 – Clinically Level III.5 – Clinically Level III.7 – Medically	Managed Low-Intensity Residential Treatment Managed Medium Intensity Residential Treatment Managed High-Intensity Residential Treatment Monitored Intensive Inpatient Services Managed Inpatient Services
Detoxification Level of Care (Check one)		
Level I-D - Ambulatory Detoxification Level II-D - Ambulatory Detoxification Extended Onsite Monitoring Level III.2-D - Clinically Managed Residential Detoxification		ally Monitored Inpatient Detoxification ally Managed Intensive Inpatient Detoxification
Recommendations (specify):		
Assessment Counselor (signature) Date	Clinical Supervisor	r (signature) Date
Reviewed by DYFS Worker / DYFS Case Supervisor (Signature) Date		

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