

**Substance Use
Assessment/Evaluation Report**

Client: **Client**
DOB: **mm/dd/yy**

Completed by: **Therapist Name and Licensure**

Report Date: **mm/dd/yy**

I. Referral

Client descriptive information, nature of referral, and requested purpose/focus of assessment/evaluation

II. Disclosure Statement

The purpose of this evaluation was explained to Client as were the limits of confidentiality. Client was informed that a copy of this evaluation would be forwarded to the Department of Health and Human Services and they were likely to share this information with the attorney for DHHS, their attorney, and the Guardian Ad Litem. It was also explained that the outcome of this evaluation might either further or impede their goals in relation to reunification with their child(ren). Client was also informed that, if this matter is referred to court, this evaluator may be subpoenaed to give testimony in relation to the evaluation and, in such event, the presiding judge was likely to read the evaluation. Client stated he/she understood the purpose of the evaluation, limitations of confidentiality and the uncertainty of outcome. Client agreed to participate, signed necessary releases of information in relation to their evaluation, including an authorization for this evaluator to release information to DHHS. The client was also informed that they would receive a copy of this evaluation report.

III. Assessment/Evaluation Information

Brief outline of the assessment/evaluation process and sources of information:

- Documents reviewed (description/dates)
- Face-to face contacts with client (nature of contact/dates)
- Assessment tools, rating scales, questionnaires utilized (description/dates)
- Collateral contacts (nature of contact/dates)

TEMPLATE--SA-CW Assessment

IV. Interview, Observations, Assessment Results

Brief description of how the client responded to the assessment process and observations regarding presentation of self during the assessment interview.

Concise narrative related to historical and current relationship with substances based on assessment/evaluation process and the DSM-IV Diagnosis criteria met related to substances.

Brief description of Client's current status in relation to the American Society of Addiction Medicine's Patient Placement Criteria- (PPC-2R) Dimensions: Dimension 1-Acute Intoxication/Withdrawal Potential; Dimension 2-Biomedical Conditions/Complications; Dimension 3-Emotional/, Behavioral, or Cognitive Conditions and Complications; Dimension 4-Readiness to Change; Dimension 5-Relapse, Continued use, or Continued problem potential; Dimension 6-Recovery/Living Environment.

V. Summary/Recommendations

Brief Summary of the implications regarding the information described in the previous report sections which would include the clients current status as it relates to substance use reflected in the six (6) ASAM-PPC-2R dimensions.

If applicable and desired, a prognosis could be included as part of the summary. This could use the following format:

The prognosis for the client's _____ is:

Statement of prognosis on graduated scale (for example—Excellent—Good—Positive--Hopeful--Encouraging--Guarded---Uncertain—Discouraging--Poor—Precarious—Negative—Grave)

Follow with explanation with appropriate examples for statement of prognosis. May have more than one choice from graduated scale.

Include comments regarding options for maintaining or improving prognosis

This section concludes with recommendations regarding treatment and service options for the client based on the brief summary implications described above.

VI. Clarification of Focus

In considering the results of this assessment/evaluation, it is important to keep in mind that this is an assessment/evaluation of the Client's relationship with substances. It is not an evaluation of his/her parenting capacity or her/his overall capabilities as they may relate to the care, protection, and nurturance of his/her child(ren).

Signature: _____

Date: _____/_____/_____

Title: _____