# INITIAL ADULT TRIAGE ASSESSMENT

Based on the American Society of Addiction Medicine (ASAM) Criteria Multidimensional Assessment; 3rd Edition



| Start time: _____ | Stop time: _____ | Total referral time: _____ |
|---|---|---|

## Demographic Information

| **Name:** | **Date:** | **Phone Number:**<br>**Okay to leave voicemail?** ☐ Yes ☐ No |
|---|---|---|
| **Address:** | | |
| **DOB:** | **Age:** | **Gender:** |
| **Race/Ethnicity:** | **Preferred Language:** | **Medi-Cal ID #:**<br>**Other ID# (specify):** |

| **Insurance Type:** ☐None | ☐Drug Medi-Cal | ☐Medicare | ☐Medi-Cal | ☐Private | ☐Other |
|---|---|---|---|---|---|
| | | (specify): | (specify): | (specify): | (specify): |

**Referred by (specify):**

**Brief explanation of why client is currently seeking treatment:**

## Dimension 1: Substance Use, Acute Intoxication, Withdrawal Potential

**1. In the past 30 days, have you used:**

| | | |
|---|---|---|
| **Alcohol** | ☐ Yes ☐ No | How many drinks do you typically have in one sitting? _____<br>How long have you been drinking? _____ |
| **Marijuana:** | ☐ Yes ☐ No | How often do you use per week? _____<br>How long have you been using? _____ |
| **Cocaine/Crack:** | ☐ Yes ☐ No | Route of use? _____<br>How often do you use per week? _____<br>How long have you been using? _____ |
| **Heroin:** | ☐ Yes ☐ No | Route of use? _____<br>How often do you use per week? _____<br>How long have you been using? _____ |

***If client is using heroin, consider referral to Opioid Treatment Program or provider of Medication-Assisted Treatment***

| | | |
|---|---|---|
| **Methamphetamine:** | ☐ Yes ☐ No | Route of use? _____<br>How often do you use per week? _____<br>How long have you been using? _____ |

Client Name: _____

Client Id: _____

**2. Prescription Medication being misused (with or without prescription):** ☐ Yes ☐ No

**Specify type**:

☐Opioid Pain Medication

Specify Name: _____ Specify Quantity: _____

☐Benzodiazepines/Sleeping/Anxiety Medication

Specify Name: _____ Specify Quantity: _____

☐Stimulants

Specify Name: _____ Specify Quantity: _____

☐Other

Specify Name: _____ Specify Quantity: _____

How often do you use per week? _____ How long have you been using? _____

***If client is misusing opioid medications, consider referral to Opioid Treatment Program or provider of Medication-Assisted Treatment***

**3. Have you ever been to treatment for your alcohol/drug problems before?** ☐ Yes ☐ No

**4. Have your experienced withdrawal symptoms as a result of alcohol or other drug use such as tremors, tingling, excessive sweating, heart racing, numbness, blackouts, anxiety, vomiting, due to having stopped using alcohol or other drugs?** ☐ Yes ☐ No

**5. Have you ever experienced alcohol or drug-related seizures?** ☐ Yes ☐ No

If yes, how many times and describe what occurred : _____

**6. Do you find yourself using larger amounts of alcohol or drugs, or using them for a longer period of time than you intended to?** ☐ Yes ☐ No

**7. Are you interested in medications used in conjunction with treatment for alcohol and/or drug use?** ☐ Yes ☐ No

**Please circle one of the following levels of severity**

| **Severity Rating- Dimension 1 (Substance Use, Acute Intoxication, Withdrawal Potential)** | | | | |
|---|---|---|---|---|
| **0** None | **1** Mild | **2** Moderate | **3** Severe | **4** Very Severe |
| No signs of withdrawal/intoxication present | Mild/moderate intoxication, interferers with daily functioning. Minimal risk of severe withdrawal. No danger to self/others. | May have severe intoxication but responds to support. Moderate risk of severe withdrawal. No danger to self/others. | Severe intoxication with imminent risk of danger to self/others. Risk of severe manageable withdrawal. | Incapacitated. Severe signs and symptoms. Presents danger, i.e. seizures. Continued substance use poses an imminent threat to life. |

Comments: _____

## Dimension 2: Biomedical Condition and Complications

**8. Have you ever experienced medical problems due to your drug or alcohol use?** ☐ Yes ☐ No

Briefly Explain: _____

Client Name: _____

Client Id: _____

**9. Do you have any active medical problems or disabilities that you are aware of?** ☐ Yes ☐ No

**If yes, do any of the medical problems require immediate attention?** ☐ Yes ☐ No

Briefly explain: _____

**If yes, are you currently using any medications for a physical health issue?** ☐ Yes ☐ No ☐ Unsure

Briefly explain: _____

**10. If Female: Are you pregnant?** ☐ Yes ☐ No ☐ N/A

If yes, how many weeks? _____ (if pregnant and misusing opioids, refer to OTP provider)

**11. In the past 30 days, have you been to an urgent care, emergency room, or hospitalized for any medical concerns?** ☐ Yes ☐ No

If yes, briefly explain what you were treated for: _____

**12. (Question to be answered by interviewer): Does the client report any medical symptoms that would be considered life-threatening or recquire immediate attention/treatment?** **If yes, consider immediate referral to emergency room and/or call 911* ☐ Yes ☐ No

Comments: _____

**Please circle one of the following levels of severity**

| Severity Rating- Dimension 2 (Biomedical Condition and Complications) | | | | |
|---|---|---|---|---|
| **0** None | **1** Mild | **2** Moderate | **3** Severe | **4** Very Severe |
| Fully functional/ able to cope with discomfort or pain. | Mild to moderate symptoms interfering with daily functioning. Adequate ability to cope with physical discomfort. | Some difficulty tolerating physical problems. Acute, nonlife threatening problems present, or serious biomedical problems are neglected. | Serious medical problems neglected during outpatient treatment. Severe medical problems present but stable. Poor ability to cope with physical problems. | Incapacitated with severe medical problems. |

Comments: _____

## Dimension 3: Emotional, Behavioral, or Cognitive Condition and Complications

**13. Are you currently receiving supportive therapy for mental health needs?** ☐ Yes ☐ No

If yes, briefly explain: _____

**14. Do you have a history of memory loss and/or head trauma such as concussion?** ☐ Yes ☐ No

If yes, briefly explain: _____

*If client has cognitive or mental health condition that requires a slower pace of treatment and a residential level of care, consider referral to ASAM level 3.3 residential care

**15. In the last 30 days have you acted aggressively towards people or property?** ☐ Yes ☐ No

If yes, briefly explain: _____

**16. In the past 30 days, have you received outpatient mental health services or been hospitalized for psychological or emotional reasons?** ☐ Yes ☐ No

If yes, briefly explain: _____

Client Name: _____

Client Id: _____

**17. In the past 30 days, have you had thoughts about wanting to hurt yourself and/or someone else or wanting to die?** ☐ Yes ☐ No

If yes, do you currently have any thoughts of hurting yourself? (if yes, consider transport to emergency room) ☐ Yes ☐ No

* Have you acted on these feelings to hurt yourself? ☐ Yes ☐ No

Please describe: _____

**18. In the past 30 days, have you <u>taken</u> prescribed medication for mental health needs?** ☐ Yes ☐ No

If yes, which ones and who is prescribing them: _____

Specify name(s) and dosage: _____

**19. Has your mental health condition interfered with:**

☐ Social Functioning ☐ Ability for self care ☐ Addiction recovery efforts ☐ Ability to work ☐ N/A

**20. Has the course of your mental health condition been (check as many as applicable):**

☐ Stable w/ meds ☐ Stable w/out meds ☐ Unstable ☐ N/A

Comments: _____

**<u>Please circle one of the following levels of severity</u>**

| **Severity Rating- Dimension 3 (Emotional, Behavioral, or Cognitive Condition and Complications [EBC])** | | | | |
|---|---|---|---|---|
| **0** None | **1** Mild | **2** Moderate | **3** Severe | **4** Very Severe |
| No impulsive or dangerousness, good social functioning and self-care, no interference with recovery. | Suspect diagnosis of EBC, requires intervention, but does not interfere with recovery. Some relationship impairment. | Persistent EBC. Symptoms distract from recovery, but no immediate threat to self/others. Does not prevent independent functioning. | Severe EBC, but does not recquire acute level of care. Impulse to harm self or others, but not dangerous in a 24-hr setting. | Severe EBC. Requires acute level of care. Exhibits severe and acute life-threatening symptoms (posing imminent danger to self/others). |

***If client scores a 3 or 4 in severity, consider referral to Behavioral Health Clinic**

Comments: _____

## Dimension 4: Readiness to Change

**21. Do you ever feel uncomfortable or guilty about your alcohol or other drug use?** ☐ Yes ☐ No

**22. Have you been coerced, mandated or required to have assessment and /or treatment?** ☐ Yes ☐ No

**23. Have you continued to use alcohol or drugs despite experiencing problems at work or with your relationships?** ☐ Yes ☐ No

**24. Can you get through the week without using drugs?** ☐ Yes ☐ No

Client Name: _____

Client Id: _____

**25. How important to you now is treatment for:**

Alcohol problems: ☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

Drug Problems: ☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

**26. Right now, how ready are you to change (stop/reduce) your substance use?**

☐ Not Ready (Pre contemplation) ☐ Getting Ready (Contemplation) ☐ Ready (Preparation) ☐ In progress of changing (Action) ☐ Sustained change (Maintenance)

**27. How important to you now is treatment for:**

Mental health issues: ☐ Not at all ☐ Slightly ☐ Moderately ☐ Considerably ☐ Extremely

**Please circle one of the following levels of severity**

| Severity Rating- Dimension 4 (Readiness to Change) | | | | |
|---|---|---|---|---|
| **0** None | **1** Mild | **2** Moderate | **3** Severe | **4** Very Severe |
| Willing to engage in treatment. | Willing to enter treatment, but ambivalent to the need to change. | Reluctant to agree to treatment. Low commitment to change substance use. Passive engagement in treatment. | Unaware of need to change. Unwilling or partially able to follow through with recommendations for treatment. | Not willing to change. Unwilling/unable to follow through with treatment recommendations. |

Comments: _____

## Dimension 5: Relapse, Continued Use, or Continued Problem Potential

**28. Does your use of alcohol and/or drugs place you and/or others in high risk situations?** ☐ Yes ☐ No

**29. Presently, what degree of cravings or urges to use alcohol and/or drugs do you have?**

☐ None ☐ Slight urge ☐ Moderate urge ☐ Considerable urge ☐ Extreme urge

**30. Have you successfully maintained sobriety (not used any alcohol or drugs) following substance use treatment for any period of time in the past?** ☐ Yes ☐ No

If yes, briefly explain: _____

**31. Do you have enough coping skills to prevent relapse?** ☐ Yes ☐ No

**32. Are you likely to continue to use or relapse without immediate care?** ☐ Yes ☐ No

**33. What was your longest period of voluntary abstinence?** ☐ Yes ☐ No

Explain: _____

**34. Were you able to identify why you relapsed?** ☐ Yes ☐ No ☐ N/A

Client Name: _____

Client Id: _____

**35. Is Consumer requesting NTP services?** ☐ Yes ☐ No ☐ N/A

**If yes,**
- **a. Does Client have two year history of addiction to Opioid?** ☐ Yes ☐ No
- **b. Does Client have two treatment failures?** ☐ Yes ☐ No
- **c. Does Client have one year of episodic or continual use prior admission?** ☐ Yes ☐ No

**Please circle one of the following levels of severity**

| Severity Rating- Dimension 5 (Relapse, Continued Use, or Continued Problem Potential) | | | | |
|---|---|---|---|---|
| **0** None | **1** Mild | **2** Moderate | **3** Severe | **4** Very Severe |
| Low/no potential for relapse. Good coping & relapse prevention skills. | Minimal relapse potential. Some risk, but fair coping and relapse prevention skills. | Impaired recognition of risk for relapse. Able to self-manage with prompting. | Little recognition of risk for relapse, poor skills to cope with relapse. | No coping skills for relapse/ addiction problems. Substance use/behavior, places self/others in danger. |

Comments: _____

## Dimension 6: Recovery/Living Environment

**36. What are your current living arrangements?** ☐ Homeless ☐ No stable arrangements ☐ Stable housing

**37. Do you currently live with others that use alcohol and/or drugs?** ☐ Yes ☐ No

**38. Do you currently spend time with others that use alcohol and/or drugs?** ☐ Yes ☐ No

**39. Do you have children or others that you are responsible for providing care on a daily basis?** ☐ Yes ☐ No

**40. Are you currently employed, enrolled in school, or a job training program?** ☐ Yes ☐ No ☐ Decline to State

**41. Do you currently have transportation?** ☐ Yes ☐ No

**42. Are you currently involved with the legal system (on probation, parole, or awaiting trial/sentencing)?** ☐ Yes ☐ No

If yes, specify: ☐Parole ☐Probation ☐Awaiting trial/sentence ☐DPSS/CPS ☐Court Mandated Treatment

☐Other _____

**Please circle one of the following levels of severity**

| Severity Rating- Dimension 6 (Recovery/Living Environment) | | | | |
|---|---|---|---|---|
| **0** None | **1** Mild | **2** Moderate | **3** Severe | **4** Very Severe |
| Environment supportive of recovery process. | Passive attitude towards recovery process, but able to participate. | Environment unsupportive to recovery process but able to participate with clinical support. | Environment unsupportive to recovery process, difficulty in participating even with clinical support. | Environment toxic/hostile to recovery. Unable to participate and the environment may pose a threat to safety. |

Comments: _____

Client Name: _____

Client Id: _____

## Summary of Multidimensional Assessment

| Dimension | Severity Rating (Based on rating above) | | | | Rationale |
|---|---|---|---|---|---|
| **Dimension 1** Substance Use, Acute Intoxication, Withdrawal Potential | ☐ 0 None | ☐ 1 Mild | ☐ 2 Moderate | ☐ 3-4 Severe | |
| **Dimension 2** Biomedial Condition and Complications | ☐ 0 None | ☐ 1 Mild | ☐ 2 Moderate | ☐ 3-4 Severe | |
| **Dimension 3** Emotional, Behavioral, or Cognitive Condition and Complications | ☐ 0 None | ☐ 1 Mild | ☐ 2 Moderate | ☐ 3-4 Severe | |
| **Dimension 4** Readiness to Change | ☐ 0 None | ☐ 1 Mild | ☐ 2 Moderate | ☐ 3-4 Severe | |
| **Dimension 5** Relapse, continued Use, or Continued Problem Potential | ☐ 0 None | ☐ 1 Mild | ☐ 2 Moderate | ☐ 3-4 Severe | |
| **Dimension 6** Recovery/Living Environment | ☐ 0 None | ☐ 1 Mild | ☐ 2 Moderate | ☐ 3-4 Severe | |



Client Name: _____

Client Id: _____

| Provisional Diagnosis: Diagnostic Statistical Manual, 5th Edition (DSM-5) Criteria For Substance Use Disorder | | |
|---|---|---|
| **Instructions:** Please check off any criteria that apply: | | |
| **Substance Use Disorder DSM-5 Criteria** | | |
| 1 | Substance often taken in larger amounts or over a longer period than was intended. | ☐ |
| 2 | There is a persistent desire or unsuccessful efforts to cut down or control substance use. | ☐ |
| 3 | A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects. | ☐ |
| 4 | Craving, or a strong desire or urge, to use the substance. | ☐ |
| 5 | Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home. | ☐ |
| 6 | Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance. | ☐ |
| 7 | Important social, occupational, or recreational activities are given up or reduced because of substance use. | ☐ |
| 8 | Recurrent substance use in situations in which it is physically hazardous. | ☐ |
| 9 | Continued substance use despite knowledge of having a persistent or recurrent physical psychological problem that is likely to have been caused or exacerbated by the substance. | ☐ |
| 10 | Tolerance, is defined by either of the following:<br>- A need for markedly increased amounts of the substance to achieve intoxication or desired effect.<br>- A markedly diminished effect with continued use of the same amount of the substance. | ☐ |
| 11 | Withdrawal, is manifested by either of the following:<br>- The characteristic withdrawal syndrome for the substance.<br>- Substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms. | ☐ |

**Number of Applicable DSM-5 Criteria: _____**

***** The presence of **<u>at least 2</u>** of these criteria indicates a **substance use disorder**.
****** The severity of the substance use disorder is defined as:
- **Mild**: Presence of **<u>2-3 criteria</u>**
- **Moderate**: Presence of **<u>4-5 criteria</u>**
- **Severe**: Presence of **6 or more criteria**

Client Name: _____

Client Id: _____

## PLACEMENT SUMMARY

**Level of Care/Service Indicated**: Enter the ASAM level of care number that offers the most appropriate level of care/service intensity given the client's functioning/severity:

**Level of Care/Service Provided**: If the most appropriate level of care/service intensity was not utilized, enter the most appropriate ASAM level of care that is available and circle the reason for this discrepancy (below):

**Reason for Discrepancy:**

☐ Not applicable
☐ Service not available
☐ Provider judgment
☐ Client preference
☐ Client on waiting list for more appropriate level
☐ Family responsibility
☐ Service available, but no payment source
☐ Geographic accessibility
☐ Other (specify):

**Designated Treatment Location and Provider Name:**

**Staff/Clinician Name** **Signature** **Date**

**Supervisor Name** **Signature** **Date**



Client Name: _____

Client Id: _____