



# The ASAM Criteria® Service Request Form Admission

## MEMBER INFORMATION

Name:

Date of Birth:

Address:

Insurance Type:

Member Identifier:

## DSM/ICD DIAGNOSES

List in order of clinical priority, beginning with the diagnoses that will be the focus of this episode of care.

## BRIEF HISTORY OF PRESENT ILLNESS

Provide a brief summary of the patient's clinical presentation focusing on the concerns that require treatment in the requested level of care.

## LEVEL OF CARE

Requested Level of Care:

Recovery Residence

ASAM Criteria Recommended Level of Care:

Recovery Residence

Reason for Discrepancy (if applicable):

**Additional Service Recommendations:**

Prompt medical evaluation

MOUD Continuation

Please provide additional details on the reason for discrepancy between the recommended and requested level of care (if applicable), including any relevant Dimension 6 concerns, such as barriers to care and patient preferences.

## DIMENSION 1: INTOXICATION, WITHDRAWAL, AND ADDICTION MEDICATION

SUBDIMENSIONS	RISK RATING	DIMENSIONAL DRIVER	
Intoxication and Associated Risks			
Provide the clinical justification for the risk rating.			
RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME
SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER	
Withdrawal and Associated Risks			
Provide the clinical justification for the risk rating.			
RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME
SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER	
Addiction Medication Needs			

Provide the clinical justification for the risk rating.

RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME

#### DIMENSION 1 TREATMENT PLAN

Please indicate what services will be provided to address any dimensional drivers of admission to this level of care.

#### DIMENSION 2 - BIOMEDICAL CONDITIONS

SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER
Physical Health Concerns		

Provide the clinical justification for the risk rating.

RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME

SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER	
Pregnancy-related Concerns			

Provide the clinical justification for the risk rating.

RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME

**DIMENSION 2 TREATMENT PLAN**

Please indicate what services will be provided to address any dimensional drivers of admission to this level of care.

### DIMENSION 3 – PSYCHIATRIC AND COGNITIVE CONCERNS

SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER
Active Psychiatric Symptoms		

Provide the clinical justification for the risk rating.

RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME

SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER
Persistent Disability		

Provide the clinical justification for the risk rating.

RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME

### DIMENSION 3 TREATMENT PLAN

Please indicate what services will be provided to address any dimensional drivers of admission to this level of care.

### DIMENSION 4 – SUBSTANCE USE-RELATED RISKS

SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER
Likelihood of Risky Substance Use		

Provide the clinical justification for the risk rating.

SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER
Likelihood of Risky SUD-related Behavior		

Provide the clinical justification for the risk rating.

## DIMENSION 4 TREATMENT PLAN

Please indicate what services will be provided to address any dimensional drivers of admission to this level of care.

## DIMENSION 5 – RECOVERY ENVIRONMENT INTERACTIONS

SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER
Ability to Function in Current Environment		

Provide the clinical justification for the risk rating.

RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME

SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER
Safety in Current Environment		
Provide the clinical justification for the risk rating.		

SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER
Support in Current Environment		
Provide the clinical justification for the risk rating.		

**DIMENSION 5 TREATMENT PLAN**

Please indicate what services will be provided to address any dimensional drivers of admission to this level of care. If a recovery residence was recommended please indicate whether the patient has been or will be engaged in one.





### REQUESTOR INFORMATION

Requestor name:	Credentials/Licensure (e.g., MD, CRNP, LCSW-C, LCPC):
Primary clinician:	Primary clinician contact information:
Signature:	Date/Time:
Facility Name:	
Tax ID#:	Group ID#:

### RISK RATINGS AND DIMENSIONAL DRIVERS\*

Please select the risk rating in each subdimension and indicate which subdimensions represent Dimensional Drivers.

SUBDIMENSIONS	RISK RATING	DIMENSIONAL DRIVER
D1: Intoxication and associated risks		
D1: Withdrawal and associated risks		
D1: Addiction medication needs		
D2: Physical health concerns		
D2: Pregnancy-related concerns		
D3: Active psychiatric symptoms		
D3: Persistent disability		
D4: Likelihood of risky substance use		
D4: Likelihood of risky SUD-related behaviors		
D5: Ability to function in current environment		
D5: Safety in current environment		
D5: Support in current environment		

\* Dimensional Drivers are the patient's dimensional concerns that require management at the recommended level of care.