

The ASAM Criteria® Service Request Form Admission

MEMBER INFORMATION		
Name:		Date of Birth:
Address:		
Insurance Type:		Member Identifier:
	DSM/ICD DIAC	GNOSES
List in order of clinical priority, beginning w	vith the diagnoses that will b	pe the focus of this episode of care.
	BRIEF HISTORY OF P	PRESENT ILLNESS
Provide a brief summary of the patient's clir	nical presentation focusing or	n 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 evalu	uation MOUD Continuation
Please provide additional details on the rea applicable), including any relevant Dimensi		en the recommended and requested level of care (if iers to care and patient preferences.
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DIMENSION 1: INTOXICATION, WITHDRAWAL, AND ADDICTION MEDICATION

DIVIDION 1. INTOXICATIO	IN, WITH DRAWAL, AND ADDICTION	4 IVILDICA	411011
SUBDIMENSIONS	RISK RATING	DIMENSIO	ONAL DRIVER
Intoxication and Associated Risks			
Provide the clinical justification for the risk rating.			
RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME
SUBDIMENSION	RISK RATING	DIMENSIO	ONAL DRIVER
Withdrawal and Associated Risks			
Provide the clinical justification for the risk rating.			
RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME
SUBDIMENSION	RISK RATING	DIMENSIO	ONAL 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 a	address any dimensional drivers of admission to this level	of care.	
DIMENSIO	N 2 - BIOMEDICAL CONDITIONS		
SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER	
DI C			

SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER
Physical Health Concerns		
Provide the clinical justification for the risk rating.		
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RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME
SUBDIMENSION	RISK RATING	DIMENSIC	DNAL 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 a	address any dimensional drivers of admission to this level	of care.	

DIMENSION 3 - PSYCHIATRIC AND COGNITIVE CONCERNS

SUBDIMENSION	RISK RATING	DIMENSIC	ONAL DRIVER
Active Psychiatric Symptoms			
Provide the clinical justification for the risk rating.			
RELEVANT MEASURES	MEASUREMENT/SCORE	DATE	TIME
SUBDIMENSION	RISK RATING	DIMENSIC	DNAL DRIVER
SUBDIMENSION Persistent Disability	RISK RATING	DIMENSIC	DNAL DRIVER
	RISK RATING	DIMENSIO	DNAL DRIVER
Persistent Disability	RISK RATING	DIMENSIC	DNAL DRIVER
Persistent Disability	RISK RATING	DIMENSIC	DNAL DRIVER
Persistent Disability	RISK RATING	DIMENSIO	DNAL DRIVER
Persistent Disability	RISK RATING	DIMENSIO	DNAL DRIVER
Persistent Disability	RISK RATING	DIMENSIO	DNAL DRIVER
Persistent Disability	RISK RATING	DIMENSIO	DNAL DRIVER
Persistent Disability	RISK RATING	DIMENSIO	DNAL DRIVER
Persistent Disability Provide the clinical justification for the risk rating.			
Persistent Disability	RISK RATING MEASUREMENT/SCORE	DIMENSIO	TIME
Persistent Disability Provide the clinical justification for the risk rating.			
Persistent Disability Provide the clinical justification for the risk rating.			

Please indicate what services will be provided to a	duress arry dimensional drivers of admission to this level	or care.
DIMENSION	I _ CLIDCTANICE LICE_DEL ATED DICUC	
DIMENSION 2	I – SUBSTANCE USE-RELATED RISKS	
SUBDIMENSION	RISK RATING	DIMENSIONAL DRIVER
Likelihood of Risky Substance Use		
Elicilitodd o'i Nisky Substance Osc		
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 3 TREATMENT PLAN

ricuse marcate vinat services vim be provided to e	address any dimensional drivers of admission to this level	or carc.	
DIMENCION E DE	COVERY ENVIRONMENT INTERACT	IONIC	
DIMENSION 5 - RE	COVERY ENVIRONMENT INTERACT	IONS	
SUBDIMENSION	RISK RATING	DIMENSIC	ONAL DRIVER
3000111121131011	NISK KATING	DIVILIANCE	ONAL DRIVER
Allin I E II C I E I			
Ability to Euroction in Current Environment			
Ability to Function in Current Environment			
Ability to Function in Current Environment Provide the clinical justification for the risk rating.			
Provide the clinical justification for the risk rating.		DATE	TIME
	MEASUREMENT/SCORE	DATE	TIME
Provide the clinical justification for the risk rating.		DATE	TIME
Provide the clinical justification for the risk rating.		DATE	TIME
Provide the clinical justification for the risk rating.		DATE	TIME

DIMENSION 4 TREATMENT PLAN

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	
	Idress any dimensional drivers of admission to this level	of care. If a recovery
residence was recommended please indicate wheth	ner the patient has been or will be engaged in one.	

FULL CLINICAL SUMMARY
Please provide a detailed clinical summary that includes any prior treatment history, other clinically relevant history (eg, medical, psychiatric) including dimensional interactions, focusing on the patient's dimensional drivers of admission to the requested level of care.
MEDICATIONS

MEDICATIONS	DOSAGE/ROUTE/FREQUENCY	PURPOSE

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.