



**ASAM PLACEMENT SUMMARY**

<b>Patient Name</b> _____ <b>Screener</b> _____	<b>ID #</b> _____ <b>Date</b> ____/____/____
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**ASAM DIMENSION DOMAIN SEVERITY SUMMARY**

**No Problem (0) / Mild (1) / Moderate (2) / Significant (3) / Severe (4)**

Acute Intoxication and/or Withdrawal Potential _____	Biomedical Conditions / Complications _____	Emotional, Behavioral or Cognitive Conditions and Complications _____	Readiness to Change _____	Relapse, Continued Use or Continued Problem Potential _____	Recovery Environment _____
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**DIMENSION 1:**

**ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL**

- Utilize CIWA-Ar score as appropriate
- In Substance Use Section:
  - Review individual’s previous withdrawal history
  - Review last use, amount and frequency of use and use of multiple substances in same drug class
  - Review Substance Use items related to ODs and lifetime treatment and detox

**Dimension 1 Severity Rating \_\_\_\_\_**  
**(0=no problem or stable / 1=mild / 2=moderate / 3=severe / 4=extremely severe)**

- 0**
- \_\_\_\_\_ Fully functioning w/ good ability to tolerate, cope with withdrawal discomfort
  - \_\_\_\_\_ No signs or symptoms of withdrawal present or are resolving; if alcohol, a CIWA-Ar of less than 3
  - \_\_\_\_\_ No signs or symptoms of intoxication
  - \_\_\_\_\_ If in Opioid Treatment Programs (OTP), the dose is well stabilized, with no opioid intoxication or withdrawal
- 1**
- \_\_\_\_\_ Adequate ability to tolerate or cope with withdrawal discomfort
  - \_\_\_\_\_ Mild to moderate intoxication or signs/symptoms interfere with daily functioning, but not danger to self or others
  - \_\_\_\_\_ Minimal risk of severe withdrawal resolving; if alcohol, a CIWA-Ar score of 3-7
  - \_\_\_\_\_ Sub intoxication level
  - \_\_\_\_\_ If in OTP, the dose inadequately stabilized and there are mild symptoms of withdrawal or occasional compensatory use of opioids or other drugs.

- 2
- Some difficulty tolerating and coping with withdrawal discomfort
  - Intoxication may be severe, but responds to treatment so individual does not pose imminent danger to self or others
  - Moderate signs and symptoms with moderate risk of severe withdrawal
  - Somewhat intoxicated
  - If alcohol, a CIWA-Ar score of 8-11
  - If in OTP, dose is inadequately stabilized and there are moderate symptoms of withdrawal, or frequent compensatory use of opioids or other drugs.
- 3
- Demonstrates poor ability to tolerate and cope with withdrawal discomfort
  - Severe signs and symptoms of intoxication indicating possible imminent danger to self and others
  - Severe signs and symptoms or risk of severe but manageable withdrawal; or withdrawal worsening despite detoxification at less intensive level of care
  - Very intoxicated
  - If alcohol, a CIWA-Ar score of 12-15
  - If in OTP, dose is inadequately stabilized and there are severe symptoms of withdrawal, or frequent, significant, and ongoing compensatory use of opioids or other drugs.
- 4
- Incapacitated, with severe signs and symptoms of withdrawal
  - Severe withdrawal presents danger (e.g. seizures)
  - Continued use poses an imminent threat to life
  - Stuporous
  - If alcohol, a CIWA-Ar score of over 15
  - If in OTP, dose is inadequately stabilized and there is repeated, significant concurrent use of opioids or other drugs. This use is unresponsive to treatment interventions, dose adjustments, and increasing sanctions.

Comments (include strengths / service needs):

## DIMENSION 2: BIOMEDICAL CONDITIONS / COMPLICATIONS

- Review medical information provided by patient and any other available sources (e.g. Intake forms, screening tools, referral notes) Review Treatment for Physical Complaints
  - Review Last 30 Day and Chronic Medical Problems
  - Review questions regarding pregnancy status and prenatal care
  - Review Current Health Status
- 

### Dimension 2 Severity Rating \_\_\_\_\_

(0=no problem or stable / 1=mild / 2=moderate / 3=significant / 4=severe)

- 0
- \_\_\_\_\_ Fully functioning with good ability to tolerate or cope with physical discomfort
  - \_\_\_\_\_ No biomedical signs or symptoms are present or biomedical problems stable
  - \_\_\_\_\_ No biomedical conditions that will interfere with treatment or create risk
  - \_\_\_\_\_ No co-occurring infections requiring treatment
  - \_\_\_\_\_ All client dental needs are being met (routine cleanings every 6 months and restorative care)
  - \_\_\_\_\_ No need for nutritional intervention
  - \_\_\_\_\_ Not pregnant
- 1
- \_\_\_\_\_ Demonstrates adequate ability to tolerate and cope with physical discomfort
  - \_\_\_\_\_ Mild to moderate signs/symptoms interfere with daily functioning but would not likely interfere with recovery treatment nor create risk
  - \_\_\_\_\_ Chronic conditions that are under control with medication and treatment (has diabetes and engaged in treatment)
  - \_\_\_\_\_ Presence of acute co-infections that are being treated
  - \_\_\_\_\_ Client is engaged in dental care at least 1 time per year and 75% of dental needs are being met
  - \_\_\_\_\_ Client has nutritional needs that are being met and client is stable or nutritional status has minimal effect on health\*
  - \_\_\_\_\_ Medical condition is stable and client *is capable* of managing medical condition
  - \_\_\_\_\_ Client is pregnant but is receiving appropriate prenatal care and not using substances
- 2
- \_\_\_\_\_ Some difficulty tolerating and coping with physical problems and/or has other biomedical problems\*
  - \_\_\_\_\_ Has a biomedical problem(s) or need for medical services which may interfere with recovery treatment
  - \_\_\_\_\_ Neglects to care for serious biomedical problems\*
  - \_\_\_\_\_ Acute, non-life threatening medical signs/symptoms are present
  - \_\_\_\_\_ Client non-compliant or sporadically compliant with treatment\*
  - \_\_\_\_\_ Presence of acute untreated co-infections;
  - \_\_\_\_\_ Client has not been engaged in dental care for more than 1 year or has sporadic compliance with dental care plan
  - \_\_\_\_\_ Client currently engaged in complex restorative dental plan
  - \_\_\_\_\_ Client has nutritional needs that are not being addressed and health is significantly affected by nutritional status\*
  - \_\_\_\_\_ Medical condition is unstable but client *is capable* of managing medical condition
  - \_\_\_\_\_ Client is pregnant and is inconsistently receiving prenatal care, but is not using substances

- 3
- Demonstrates poor ability to tolerate and cope with physical problems and/or general health is poor
  - Has serious medical problems he/she neglects during outpatient treatment that require frequent medical attention (e.g., untreated diabetes)\*
  - Severe medical problems are present but stable
  - Medical problem(s) present that would be severely exacerbated by a relapse or withdrawal
  - Need 10 hrs/week or less of in home ADL assistance\*
  - Recent medical hospitalization (90 days)
  - Client refuses dental intervention despite lack of recent engagement in care and against medical advice
  - Patient or doctor report of wasting or significant observed or reported weight loss or gain in the past 3 months
  - Nutritional status is profoundly affecting health\*
  - Client is pregnant and is receiving inconsistent prenatal care and is using substances
  - Medical condition is stable and client *is not capable* of managing medical condition
- 4
- Incapacitated with severe medical problems\*
  - Severe medical problems that present life threatening risk
  - Needs greater than 10 hrs/week of in home ADL assistance\*
  - In hospice care
  - Requires assisted living\*
  - Emergency dental services required
  - Medical condition is unstable or there are new symptoms and client *is not capable* of managing medical condition
  - Client is pregnant and is not receiving prenatal care and is using substances

Comments (include strengths / service needs):

**DIMENSION 3:**

**EMOTIONAL, BEHAVIORAL, OR COGNITIVE CONDITIONS AND COMPLICATIONS**

- Review information provided by patient and all other sources of information (e.g. Intake form, referral forms, etc.)
- Review lifetime psychiatric hospitalizations and 30 day and lifetime symptoms, particularly recent and lifetime report of hallucinations or psychotropic medication usage
- Review Marital Status, particularly “Never Married” status
- Review Employment Status, particularly “Retired/Disabled” status
- Review Psychiatric Disability Status
- Consider clinical observations during interview that client is having trouble with reality testing, thought disorders, paranoid thinking

**Dimension 3 Severity Rating \_\_\_\_\_**

**(0=no problem or stable / 1=mild / 2=moderate / 3=significant / 4=severe)**

- 0
- \_\_\_\_\_ No mental health problems or a diagnosed but stable mental disorder
  - \_\_\_\_\_ **Dangerousness/Lethality:** Good impulse control and coping skills
  - \_\_\_\_\_ **Interference with addiction recovery efforts:** Ability to focus on recovery, identify appropriate supports and reach out for help
  - \_\_\_\_\_ **Social functioning:** Full functioning in relationships with significant others, coworkers, friends, etc.
  - \_\_\_\_\_ **Ability for self-care:** Full-functioning with good resources and skills to cope with emotional problems
  - \_\_\_\_\_ **Course of illness:** No emotional or behavioral problems, or problems identified are stable. No recent serious or high-risk vulnerability.
- 1
- \_\_\_\_\_ Diagnosed mental disorder that requires intervention, but does not significantly interfere with addiction treatment
  - \_\_\_\_\_ **Dangerousness/Lethality:** Adequate impulse control and coping to deal with any thoughts of harm to self or others
  - \_\_\_\_\_ **Interference with addiction recovery efforts:** Emotional concerns relate to negative consequences and effects of addiction. Able to view these as part of addiction and recovery
  - \_\_\_\_\_ **Social functioning:** Relationships or social function is being impaired, but not endangered by substance use (no imminent divorce, job loss, etc.) Able to continue in essential roles
  - \_\_\_\_\_ **Ability for self-care:** Adequate resources and skills to cope with emotional or behavioral problems.
  - \_\_\_\_\_ **Course of illness:** Mild to moderate signs and symptoms with good response to treatment in the past. Past serious problems have a long period of stability OR past problems are chronic but not severe enough to pose high-risk vulnerability

- 2 \_\_\_\_\_ **One of two types:** this level of impairment only during acute decompensation OR this level of decompensation at baseline. This level of risk rating implies chronic mental illness with symptoms and disability that cause significant interference with addiction treatment , but do not constitute an immediate threat to safety and do not prevent independent functioning
- \_\_\_\_\_ **Dangerousness/Lethality:** Suicidal ideation; violent impulses; significant history of suicidal or violent behavior requires more than routine monitoring
- \_\_\_\_\_ **Interference with addiction recovery efforts:** Emotional, behavioral or cognitive problems distract the patient from recovery efforts.
- \_\_\_\_\_ **Social functioning:** Relationships or social function are being impaired by substance use, but also are linked to a psychiatric disorder (eg, patient with anxiety disorder is not able to sleep or socialize). Symptoms are causing moderate difficulty, but not to the degree that they pose a significant danger to self or others, or that the patient is unable to manage the activities of daily living or basic responsibilities.
- \_\_\_\_\_ **Ability for self-care:** Poor resources with moderate or minimal skills to cope with emotional or behavioral problems
- \_\_\_\_\_ **Course of illness:** Frequent and/or intensive symptoms (frequent suicidal or homicidal ideation, inconsistent impulse control, etc.) with a history that indicates significant problems that are not well stabilized. There may be some risk of harm to self or others, but not imminent danger.
- 3 \_\_\_\_\_ **One of two types:** this level of impairment only during acute decompensation OR this level of decompensation at baseline. This risk rating is characterized by severe psychiatric symptomatology, disability and impulsivity, but the patient does not require involuntary confinement.
- \_\_\_\_\_ **Dangerousness/Lethality:** Frequent impulses to harm self or others, which are potentially destabilizing, but the patient is not imminently dangerous in a 24-hour setting.
- \_\_\_\_\_ **Interference with addiction recovery efforts:** Recovery efforts are negatively affected by emotional, behavioral, or cognitive problems in significant ways, up to and including inability to focus on recovery efforts.
- \_\_\_\_\_ **Social functioning:** risk in this domain does not influence type and intensity of services needed.
- \_\_\_\_\_ **Ability for self-care:** Insufficient or severe lack of capacity to cope with emotional or behavioral problems. Uncontrolled behavior, confusion or disorientation limit the patient’s capacity for self-care. Inadequate ability to manage the activities of daily living.
- \_\_\_\_\_ **Course of illness:** Acute course of illness dominates the clinical presentation. Symptoms may involve impaired reality testing, communication, thought processes, judgement or attention. Symptoms significantly compromise the patient’s ability to adjust to life in community OR previous treatment has not achieved stabilization of symptoms. There is limited ability to follow through with treatment recommendations resulting in risk/vulnerability to dangerous consequences.
- 4 \_\_\_\_\_ Patient has severe psychiatric symptomatology, disability and impulsivity and requires involuntary Confinement
- \_\_\_\_\_ **Dangerousness/Lethality:** Sever psychotic, mood, or personality disorder, which presents acute risk to the patient, such as immediate risk of suicide; psychosis with unpredictable, disorganized, or violent behavior; or gross neglect of self-care.
- \_\_\_\_\_ **Interference with addiction recovery efforts:** Risk in this domain does not influence type and intensity of services needed.
- \_\_\_\_\_ **Social functioning:** Risk in this domain does not influence type and intensity of services needed.
- \_\_\_\_\_ **Ability for self-care:** Risk in this domain does not influence type and intensity of services needed.

\_\_\_\_\_ **Course of illness:** High risk and significant vulnerability for dangerous consequences. The patient exhibits severe and acute life-threatening symptoms (eg, dangerous or impulsive behavior or cognitive functioning) that pose imminent danger to self or others. Symptoms of psychosis include command hallucinations or paranoid delusions. History of instability is such that high-intensity services are needed to prevent dangerous consequences (eg, the patient is not responding to daily changes in medication at less intensive levels of service, with escalating psychosis).

Comments (include strengths / service needs)

**DIMENSION 4:**

**READINESS TO CHANGE**

- Review Major Problem, days in treatment in the last 30, and days of problems related to drugs or alcohol in the last 30 in Substance Use section
- Review if client is awaiting charges, trial, or sentencing in Criminal Justice section
- Review questions regarding number of minor children in out of home placement and Children’s Court in Family and Living Condition section
- Review questions regarding recent attendance at different recovery groups

**Dimension 4 Severity Rating \_\_\_\_\_**

**(0=no problem or stable / 1=mild / 2=moderate / 3=significant / 4=severe)**

- 0 \_\_\_\_\_ **Substance Use Disorders:** The patient is willingly engaged in treatment as a proactive, responsible participant, and is committed to changing his or her alcohol, tobacco, and/or other drug use.  
 \_\_\_\_\_ **Mental Disorders:** The patient is willingly engaged in treatment as a proactive, responsible participant, and is committed to changing his or her mental functioning and behavior.
- 1 \_\_\_\_\_ **Substance Use Disorders:** The patient is willing to enter treatment and to explore strategies for changing his or her substance use, but is ambivalent about the need for change. He or she is willing to explore the need for treatment and strategies to reduce or stop substance use (eg, the patient views his or her substance use problem as caused by depression or another psychiatric diagnosis). Or the patient is willing to change his or her substance use, but believes it will not be difficult to do so, or does not accept a full recovery treatment plan.  
 \_\_\_\_\_ **Mental Disorders:** The patient is willing to enter treatment and to explore strategies for changing his or her mental functioning, but is ambivalent about the need for change. He or she is willing to explore the need for treatment and strategies to deal with mental disorders. The patient’s participation in mental health treatment is sufficient to avert mental decompensation (eg, bipolar patient who is ambivalent about taking mood-stabilizing medications, but who generally follows through with treatment recommendations).
- 2 \_\_\_\_\_ **Substance Use Disorders:** The patient is reluctant to agree to treatment for substance use problems. He or she is able to articulate the negative consequences of substance use, but has low commitment to change his or her use of alcohol or other drugs. The patient is assessed as having low readiness to change and is only passively involved in treatment, and is variably compliant with attendance at outpatient sessions or meeting so self/mutual help or other support groups.  
 \_\_\_\_\_ **Mental Disorders:** The patient is reluctant to agree to treatment for mental disorders. He or she is able to articulate the negative consequences of his or her mental health problems, but has low commitment to therapy. The patient is assessed as having low readiness to change and is only passively involved in treatment (eg, is variable in follow through with use of psychotropic medications or attendance at therapy sessions).

- 3 \_\_\_\_\_ **Substance Use Disorders:** The patient exhibits inconsistent follow through and shows minimal awareness of his or her substance use disorder and need for treatment. He or she appears unaware of the need to change, and thus is unwilling or only partially able to follow through with treatment recommendations.
- \_\_\_\_\_ **Mental Disorders:** The patient exhibits inconsistent follow through and shows minimal awareness of his or her mental disorder and need for treatment. He or she appears unaware of the need to change, and thus is unwilling or only partially able to follow through with treatment recommendations.

(No immediate action required)

- 4A \_\_\_\_\_ **Substance Use Disorders:** The patient is unable to follow through, has little or no awareness of substance use problems and any associated negative consequences, knows very little about addiction, and sees no connection between his/her suffering and substance use. He or she is not imminently dangerous or unable to care for self, and is not willing to explore change regarding his or her illness and its implications (for example, he or she blames others for legal or family problems, and rejects treatment).
- \_\_\_\_\_ **Mental Disorders:** The patient is unable to follow through, has little or no awareness of a mental disorder and any associated negative consequences, knows very little about mental illness, and sees no connection between his or her suffering mental health problems. He or she is not imminently dangerous or unable to care for self, is not willing to explore change regarding his or her illness and its implications.

(Immediate action required)

- 4B \_\_\_\_\_ **Substance Use Disorders:** The patient is unable to follow through with treatment recommendations. As a result, his or her behavior represents an imminent danger of harm to self or others, or he or she is unable to function independently and engage in self-care. For example, the patient repeatedly demonstrates inability to follow through with treatment, continues to use alcohol and/or other drugs, and to become violent, suicidal, or to drive dangerously.
- \_\_\_\_\_ **Mental Disorders:** The patient is unable to follow through with treatment recommendations. As a result, his or her behavior represents an imminent danger of harm to self or others, or he or she is unable to function independently and engage in self-care. For example, the patient refuses all medications and is overtly psychotic, so that his or her judgment and impulse control is severely impaired.

Comments (include strengths / service needs):

**DIMENSION 5:**

**RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL**

- Review Major Problem, days in treatment in the last 30, and days of problems related to drugs or alcohol in the last 30 in Substance Use section
- Review 30 day and lifetime medication usage in Mental Health Problems section
- Review income source question in Education and Employment section
- Review questions related to whether clients lives with anyone with a drug or alcohol problem and question regarding whether client has had “serious problems getting along with” in her/his support network in Family and Living Condition section
- Review questions regarding number of minor children in out of home placement and Children’s Court in Family and Living Condition section
- Review question regarding number of days in the past 30 of engagement in illegal activities for profit

**Dimension 5 Severity Rating \_\_\_\_\_**

**(0=no problem or stable / 1=mild / 2=moderate / 3=significant / 4=severe)**

- 0     \_\_\_\_\_ **Substance Use Disorders:** The patient has no potential for further substance use problems, or has low relapse potential and good coping skills.  
        \_\_\_\_\_ **Mental Disorders:** The patient has no potential for further mental health problems, or has low potential and good coping skills.
- 1     \_\_\_\_\_ **Substance Use Disorders:** The patient has minimal relapse potential, with some vulnerability, and has fair self-management and relapse preventions skills.  
        \_\_\_\_\_ **Mental Disorders:** The patient has minimal relapse potential, with some vulnerability and has fair self-management and relapse prevention skills.
- 2     \_\_\_\_\_ **Substance Use Disorders:** The patient has impaired recognition and understanding of substance use relapse issues, but is able to self-manage with prompting.  
        \_\_\_\_\_ **Mental Disorders:** The patient has impaired recognition and understanding of mental illness relapse issues, but is able to self-manage with prompting.
- 3     \_\_\_\_\_ **Substance Use Disorders:** The patient has little recognition and understanding of substance use relapse issues, and has poor skills to cope with interrupt addiction problems, or to avoid or limit relapse.  
        \_\_\_\_\_ **Mental Disorders:** The patient has little recognition and understanding or mental illness relapse issues, and has poor skills to cope with and interrupt mental health problems, or to avoid or limit relapse.

**(No immediate action required)**

- 4A \_\_\_\_\_ **Substance Use Disorders:** Repeated treatment episodes have had little positive effect on the patient's functioning. He or she has no skills to cope with and interrupt addiction problems, or to prevent or limit relapse. However, the patient is not in imminent danger and is able to care for self (eg, the patient has undergone repeated withdrawal managements but is unable to cope with continued cravings to use).
- \_\_\_\_\_ **Mental Disorders:** Repeated treatment episodes have had little positive effects on the patient's functioning. He or she has no skills to cope with and interrupt mental health problems, or to prevent or limit relapse. However, the patient is not in imminent danger and is able to care for self (eg, the patient is severely and chronically mentally ill, with chronic dysfunction and inability to arrest psychotic episodes).

**(Immediate action required)**

- 4B \_\_\_\_\_ **Substance Use Disorders:** The patient has no skills to arrest the addictive disorder, or to prevent relapse to substance use. His or her continued addictive behavior places the patient and/or others in imminent danger (eg, a patient whose continued drug use leads to impulsive, psychotic, and aggressive behaviors).
- \_\_\_\_\_ **Mental Disorders:** The patient has no skills to arrest the mental illness, or to prevent relapse to mental health problems. His or her continued psychiatric disorder places the patient and/or others in imminent danger (eg, a patient whose depression and feelings of hopelessness cause strong impulses to slash his or her wrists, or who has paranoid delusions with command hallucinations to harm others).

Comments (include strengths / service needs):

**DIMENSION 6:**

**RECOVERY ENVIRONMENT**

- In the Family and Living Conditions section:
  - Review marital status items, current residence/prefers to live items, and serious conflicts with family/other people in last 30 days
  - Review items regarding living with anyone with alcohol/non-prescription drug problems
- Review employment status in Education and Employment section
- Review question regarding whether current living situation is supportive of recovery in Family and Living Condition section

**Dimension 6 Severity Rating \_\_\_\_\_**

**(0=no problem or stable / 1=mild / 2=moderate / 3=significant / 4=severe)**

- 0    \_\_\_\_\_ **Substance Use Disorders:** The patient has a supportive environment or is able to cope with poor supports.  
       \_\_\_\_\_ **Mental Disorders:** The patient has a supportive environment or is able to cope with poor supports.
- 1    \_\_\_\_\_ **Substance Use Disorders:** The patient has passive support, or significant others are not interested in his or her addiction recovery, but he or she is not too distracted by the situation and is able to cope.  
       \_\_\_\_\_ **Mental Disorders:** The patient has passive support, or significant others are not interested in an improved mental health environment, but he or she is not too distracted by this situation and is able to cope.
- 2    \_\_\_\_\_ **Substance Use Disorders:** The patient’s environment is not supportive of addiction recovery, but, with clinical structure, the patient is able to cope most of the time.  
       \_\_\_\_\_ **Mental Disorders:** The patient’s environment is not supportive of good mental health, but, with clinical structure, the patient is able to cope most of the time.
- 3    \_\_\_\_\_ **Substance Use Disorders:** The patient’s environment is not supportive of addiction recovery and he or she finds coping difficult, even with clinical structure.  
       \_\_\_\_\_ **Mental Disorders:** The patient’s environment is not supportive of good mental health and he or she finds coping difficult, even with clinical structure.

(No immediate action required)

- 4A \_\_\_\_\_ **Substance Use Disorders:** The patient's environment is not supportive and is chronically hostile and toxic to addition recovery or treatment progress (eg, the patient has many drug-using friends, or drugs are readily available in the home environment, or there are chronic lifestyle problems but not acute conditions). The patient is unable to cope with negative effects of this environment on his or her recovery.
- \_\_\_\_\_ **Mental Disorders:** The patient's environment is not supportive and is chronically hostile and toxic to good mental health (eg, the patient is homeless and unemployed and has chronic lifestyle problems but not acute conditions). The patient is unable to cope with the negative effects of this environment on his or her recovery.)

(Immediate action required)

- 4B \_\_\_\_\_ **Substance Use Disorders:** The patient's environment is not supportive and is actively hostile to addition recovery, posing an immediate threat to the patient's safety and well-being (eg, the patient live with a drug dealer who offers drugs daily).
- \_\_\_\_\_ **Mental Disorders:** The patient's environment is not supportive or is actively hostile to a safe mental health environment, posing an immediate threat to the patient's safety and well-being (eg, the patient live with a physically abuse, alcohol-using partner).

Comments (include strengths / service needs):