ASSESSMENT SUMMARY FORM

Client Name:	Client ID:	Date ASI/YAI
Cheffe Nume.	Cheffe 15.	Completed:
Summary		
Please summarize information from client's completed ASI/YAI and other completed assessments below:		
SUD Counselor or LPHA Printed Name and Credentials:		
SUD Counselor or LPHA Signature:		Date: