ADOLESCENT (Parent/Guardian Version)
Initial Level of Care Assessment

The following sections are completed by the parent/guardian and counselor

ASAM Dimension 1: Substance Use, Acute Intoxication and/or Withdrawal Potential

Do you know if your child is drinking alcohol or using other drugs? □ YES □ NO
If yes, describe: ________________________________________________________________

Do you know if your child is using anything else to get high? □ YES □ NO (“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)
If yes, please explain: ____________________________________________________________

Has your child ever harmed themselves or someone else (cutting, acted violent toward others)? □ YES □ NO
If yes, please describe: _________________________________________________________

Has your child ever been hospitalized or experienced blackouts due to alcohol or other drug use? □ YES □ NO
If yes, when? __________________________________________________________________

Has your child received treatment for alcohol and/or other drugs in the past? □ YES □ NO If yes, detail:

<table>
<thead>
<tr>
<th>Type of Recovery Treatment (Outpatient, Residential, Detoxification)</th>
<th>Name of Treatment Facility</th>
<th>Dates of Treatment</th>
<th>Treatment Completed (yes or no)</th>
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ASAM Dimension 2: Biomedical Conditions/Complications

Does your child have any current physical health problems (i.e. seizures, other conditions)? □ YES □ NO
If yes, please describe (include any medications that are currently prescribed by a physician):
_________________________________________________________________________________
_________________________________________________________________________________

If female, is your child pregnant? □ YES □ NO □ N/A If yes, how many weeks/months? __________

ASAM Dimension 3: Emotional/Behavioral/Cognitive Conditions/Complications

Have you ever taken your child to an outpatient therapist or counselor? □ YES □ NO
If yes, explain why: __________________________________________________________________
_________________________________________________________________________________

Has your child ever harmed themselves or someone else (cutting, acted violent toward others)? □ YES □ NO
If yes, please describe: __________________________________________________________________
_________________________________________________________________________________
Has your child ever received services in an inpatient setting (hospital) or outpatient for mental or behavioral health needs?  
☐ YES  ☐ NO  If yes, please detail:

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<th>Name of Provider</th>
<th>Dates of Treatment</th>
<th>Comments</th>
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Is he or she currently taking medications for mental or behavioral health needs?  
☐ YES  ☐ NO  If yes, please describe:

ASAM Dimension 4: Readiness to Change

On a scale of 0 (not ready) to 4 (very ready), what is your child’s readiness to stop using alcohol or other drugs?  
☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4

Comments:

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

As far as you know, has your child ever used alcohol or drugs while by themselves or alone?  
☐ YES  ☐ NO

Do you feel your child could stop using or drinking without help?  
☐ YES  ☐ NO

Comments:

ASAM Dimension 6: Recovery Environment

Has your child ever got into trouble while using alcohol or drugs?  
☐ YES  ☐ NO

If yes, explain:

Does your child have problems with transportation?  
☐ YES  ☐ NO

Does your child have a stable living environment?  
☐ YES  ☐ NO

Do your child’s friends use alcohol or other drugs?  
☐ YES  ☐ NO

Comments:

________________________  __________________________  ____________
AOD Counselor Name (if applicable)  Signature (if applicable)  Date

________________________  __________________________  ____________
LPHA* Name  Signature  Date

*Licensed Practitioner of the Healing Arts (LPHA) includes: MD, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.