Print Client Name:			Client Ide	entification	Number:		Date:	Adolescent		nterver M Level	
DIMENSIONS	[3]	DISCHAR		TRANSFER Enter Level		client. indicat	all items in each di Place a check in t es validation or lac sfer from this leve	the appropriate b ck of validation	ox that	YES	NO
ASAM Requirements		arge from this level of care requires that the client meet the criteria in one of the six sions.									
Dimension 1: Acute Intoxication and/ or Withdrawal Potential		Client i	s free fr ent exhibi	om intoxicat	ion or with	hdrawal	d by one of the foll symptoms/risks; or tion and/or withdra		be safely		
Dimension 2: Biomedical Conditions and Complications	The color a. □ b.	The clie	ient's status in this dimension is characterized by one of the following: The client has a condition in Dimension 2 that precludes continued participation in this level of care and requires transfer to another level; or The client has no biomedical conditions or they are stable.								
Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications	The c □ a. □ b.	The clied of care The clied	ent has a and requi	condition in res transfer emotional,	Dimension to anothe	3 that r level;	d by one of the foll precludes continued or itive conditions or	participation in		ıg 🗆	
Dimension 4: Readiness to Change	The c □ a. □ b.	The clied indicated The clied	indicates the need for continued service at this level of care; or								
Dimension 5: Relapse/Continued Use Potential	□ a.	The clie alcohol, this lever The clie use, des	ent has de other dru vel of car ent has no	emonstrated to g use, and d e; or ot integrated dessional int	he personaloes not med	l skills et crite s necess	by one of the foll necessary to make: ria indicating the ary to avoid harmfu recommendation is be	responsible choic need for continue of the con	d service at e substance		
Dimension 6: Recovery Environment		The clies skills recontinued. The clies program	ent has renecessary ed service ent no lone efforts.	solved probl to achieve p at this lev ger is willi	ems in his ersonal goare rel of care ng to exam	/her liv als and ; or ine prob	d by one of the folling environment or of does not meet crite: lems in his/her live a recommendation is	demonstrates the ria indicating a ria indicating a ria ing environment,	need for despite	ng 🗆	
Recommendations/No Print Counselor Na				Couns	elor Signat	ture/Crec	dential:		Date:		