



# Rule 25 Assessment and Placement Summary

CLIENT NAME	PMI
ASSESSOR	ASSESSMENT DATE

## General Guideline

Original  Update

Clients should be offered the least restrictive referral consistent with sound clinical judgment. All items must be clearly documented in the Assessment Tool. This form must remain in the client file. Check the severity rating for each dimension and document the provider(s) who will meet the identified needs.

Dimension	Severity Rating	Provider Name and Contact Information
<b>I</b> Intoxication/ Withdrawal	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 = Crisis	
<b>II</b> Biomedical	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 = Crisis	
<b>III</b> Emotional/ Behavioral/ Cognitive	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 = SC + R&B <input type="radio"/> 4 = Crisis	
<b>IV</b> Readiness for Change	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 = SC <input type="radio"/> 4 = SC + R&B	
<b>V</b> Relapse and Continued Use	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 = SC <input type="radio"/> 4 = SC + R&B	
<b>VI</b> Recovery Environment	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 = SC <input type="radio"/> 4 = SC + R&B	
Service Coordination <i>(if required above)</i>		
Room & Board, if not paid for through the CCDTF <i>(if required above)</i>		

# Assessment Summary Rule 25 Chemical Use Assessment

CLIENT NAME	PMI
ASSESSOR	ASSESSMENT DATE

## General Guideline

This page should record a summary of the information gained from the client and collateral sources that lead to the severity rating. It should be essentially the same as the information given in the “reasons” section after each dimension in the Rule 25 Assessment Tool. This form must be completed. The “reasons” sections do not need to be completed if this form accompanies each completed assessment tool. Each severity rating must be clearly documented in the client file. This form should remain in the client file.

Dimension	Risk Rating	Rationale
<b>I</b> Intoxication/ Withdrawal	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
<b>II</b> Biomedical	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
<b>III</b> Emotional/ Behavioral/ Cognitive	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
<b>IV</b> Readiness for Change	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
<b>V</b> Relapse and Continued Use	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
<b>VI</b> Recovery Environment	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	