ASSESSMENT SUMMARY FORM

Please summarize information from client's completed ASI/YAI and other completed assessments below:	Client Name:	Client ID:	Date ASI/YAI	
			Completed:	
Please summarize information from client's completed ASI/YAI and other completed assessments below:				
	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:	SUD Counselor or LPHA Signature:		Date:	