

Assessment Summary Form Instructions

OPTIONAL FORM:

This form is an optional document in the client file

WHEN:

Completed at Intake/Admission

COMPLETED BY:

An LPHA or Counselor as needed to summarize assessments completed

ELEMENTS:

- **Client Name:** Enter the client's full name
- **Client ID:** Enter the client ID number as determined by agency guidelines
- **Date ASI/YAI Completed:** If this form is being utilized as a progress note for the ASI/YAI completion, date ASI/YAI completed is *required* here
- **Summary:** Enter summary of information gathered from client's completed assessments here (e.g. ASI/YAI, Alcohol and Drug History Form, ASAM Level of Care Recommendation Form, etc...)
- **SUD Counselor or LPHA Printed Name and Credentials:** Type or legibly print name and credentials of counselor or LPHA completing summary
- **SUD Counselor or LPHA Signature:** Complete signature and credentials by hand
- **Date:** Enter date summary form is completed by hand