MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE FOCUS - REAUTHORIZATION

Name:			Case	#:		Case:		
Date of	Birth	Home Phone	Current A	Admission				
Addres	s		Primary Affiliate: Primary Program: Case Holder: Disability Designation:					
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□Р	roblem accessi	ng healthcare	Proble	Problem related to social environment				
□Е	ducational prob	olems	Proble	Problem related to interaction with legal system				
□o	ccupational pro	blems	☐ Other p	Other psychological and environmental problems				
	ousing problem	ns	☐ Behavi	Behavioral/personality issues				
Curre	ent GAF		GAF Date Use Current	Ⅲ Date				
ASAN	/I Result					<u>Com</u> r	olete ASAM Work	<u>ksheet</u>
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Dimension 3:			3:	Dim	ension 6:			
Com	ments 🎹							

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Date, Substance tested and Results

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Stage of Change ○ Pre-contemplation ○ Contemplation ○ Action	○ Maintenance		
Type of 12-Step meeting attendance and frequen	су		
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Type of ancillary services provided or referred Medical Transportation Psychiatric Housing/Shelter Other Authorizing Agent Notes	Self-help Parenting Support	□ DHS □ Legal	
Provider Notes			
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Requested Date	Requested / Adde	ed By	
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CONTINUE CANCEL			
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PCE Care Management

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Effective Dates Notes	Total Units Requested	Frequency	Total Units Requested Calculate		
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PROCESS REQUEST	SAVE and PEND	CANCEL					
Back Home							

PCE Care Management