

MACOMB COUNTY OFFICE OF SUBSTANCE ABUSE
 FOCUS - SUD CHANGE IN LEVEL OF CARE

Name: _____ **Case #:** _____ **Case:** _____
Date of Birth _____ **Home Phone** _____ **Current Admission** _____
Address _____ **Primary Affiliate:** _____
Primary Program: _____
Case Holder: _____
Disability Designation: _____

Provider	Location Type	Address
Phone	Fax	

Change In Level Of Care

Request Date  **Requesting Therapist** [lookup](#)

Times Available

DIAGNOSIS

	ICD-9	ICD-10	Description	Status Date	Status
Pri					<input type="text"/>
Sec					<input type="text"/>
Ter					<input type="text"/>
Quat					<input type="text"/>

Diagnostic Formulation

characters left: 4096

Level Of Care Information

Current Level Of Treatment

- Detox
 ST Residential
 LT Residential
 IOP
 OP
 Case Management










Additional Service Categories

- Peer Recovery Coach
 Recovery Home

Request Change To

- Detox
 ST Residential
 LT Residential
 IOP
 OP
 Case Management
 Peer Recovery Coach
 Recovery Home

Current Substances(s) of Abuse

	Primary	Secondary	Tertiary
Type of Substance (Drug Code)	<input type="text"/> lookup	<input type="text"/> lookup	<input type="text"/> lookup
Date Last Used	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 
Frequency of Use	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 
Route of Administration	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 
Amount Used in Last 30 Days	<input type="text"/>	<input type="text"/>	<input type="text"/>

Results of past 30 days drug screen (testing date, substance and result)

characters left: 30000



MAT Only: Current dose amount

Is Client Currently (check all that apply)

Injecting Drugs?

Yes No

Pregnant?

Yes No N/A

On Rx Methadone?

Yes No

A parent at risk of losing child(ren) due to substance use?

Yes No

Eligible for Women Specialty Funds?

Yes No

ASAM Result

[Complete ASAM Worksheet](#)

Dimension 1:

Dimension 4:

Dimension 2:

Dimension 5:

Dimension 3:

Dimension 6:

Comments

characters left: 30000



General Comments

characters left: 30000



Spell Check