

# GARCIA HOUSE

A CIRCLE PROGRAM BY SUMMITSTONE



Thank you for considering Garcia House as a treatment provider. In order for us to accurately assess our ability to meet you or your client's needs please thoroughly complete this application.

*Missing information may delay our review process.*

If you need any assistance in completing this application or have any questions, please contact: (970) 494-5729

Completed referrals can be sent to [garciahousereferrals@summitstonehealth.org](mailto:garciahousereferrals@summitstonehealth.org)

## Referral Checklist

- Completed admission questionnaire

### **Please provide all that are available:**

- Substance use treatment and diagnosis records
- ASAM assessment
- Mental health treatment and diagnosis records
- Medical treatment and diagnosis records
- Recent hospital/ER visit records
- Court/legal documentation
- Current prescription orders (type, dose, frequency)
- Copy of insurance card





## ASAM LEVEL OF CARE ASSESSMENT

Please place a check one box in each dimension that best describes the individual's current level of functioning. The space below each box may be used for additional information or observations.

<b>Substance Intoxication and Withdrawal Risk</b>  <b>(DIMENSION 1)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>No</u> signs of substance intoxication.  <u>No</u> risk of withdrawal.	<u>Some</u> signs of substance intoxication.  <u>Low</u> risk of harm to self or others.  <u>Low</u> risk of withdrawal.	<u>Regular</u> signs of substance intoxication.  <u>Moderate</u> risk to self or others.  <u>Moderate</u> risk of withdrawal.	<u>Frequent</u> signs of substance intoxication.  <u>High</u> risk of harm to self or others.  <u>High</u> risk of withdrawal.	<u>Incapacitated.</u>  <u>Severe</u> signs of substance intoxication.  <u>Severe</u> risk of harm to self or others.  <u>Severe</u> risk of withdrawal.

Dimension 1 Comments: \_\_\_\_\_

<b>Medical Complications</b>  <b>(DIMENSION 2)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>No</u> medical complications related to substance use.  Fully able to cope with physical discomfort.	<u>Some</u> medical complications interfering with daily life.  Adequate ability to cope with physical discomfort.	<u>Moderate</u> non-threatening medical problems are present and neglected.  Moderate difficulty coping with physical discomfort.	<u>Serious</u> medical problems are being neglected however the conditions are stable.  Unable to cope with physical discomfort.	<u>Incapacitated.</u>  <u>Severe</u> , life threatening medical problems are present.

Dimension 2 Comments: \_\_\_\_\_

# ASAM LEVEL OF CARE ASSESSMENT – PAGE 2

Please place a check one box in each dimension that best describes the individual's current level of functioning. The space below each box may be used for additional information or observations.

<b>Emotional and Behavioral Conditions</b>  <b>(DIMENSION 3)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fully able to cope with emotional distress.	<u>Some</u> difficulty coping with emotional distress but does not impact daily functioning.	<u>Regular</u> signs of emotional instability.	<u>Frequent</u> emotional instability.	Behavior and emotional instability require involuntary confinement.
	<u>No</u> problems with impulse control.	<u>Some</u> difficulty with impulse control.	<u>Moderate</u> difficulty with impulse control.	<u>Rarely</u> able to practice impulse control.	<u>Severe</u> risk of harm to self or others.
	<u>No</u> risk or harm to self or others.	<u>Low</u> risk or harm to self or others.	<u>Moderate</u> risk or harm to self or others.	<u>High</u> risk or harm to self or others.	

**Dimension 3 Comments:** \_\_\_\_\_

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<b>Motivation to Change</b>  <b>(DIMENSION 4)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>No</u> resistance to treatment.	<u>Some</u> resistance to engaging in treatment.	<u>Moderate</u> resistance to engaging in treatment.	<u>Strongly opposed</u> to engaging in treatment.	<u>Refuses</u> to engage in treatment.
	Willing and engaged in treatment.	Open to exploring options	Able to understand negative impact of substance use.	Does not identify a need for change however at times will listen to feedback.	In denial about substance use and negative impact.

**Dimension 4 Comments:** \_\_\_\_\_

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# ASAM LEVEL OF CARE ASSESSMENT – PAGE 3

Please place a check one box in each dimension that best describes the individual's current level of functioning. The space below each box may be used for additional information or observations.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Relapse or Continued Substance Use Risk</b>  (DIMENSION 5)	<u>Minimal</u> risk for relapse.  Mental health is stable.	<u>Low</u> risk for relapse.  Uses coping skills and has few unmanaged triggers.	<u>Moderate</u> relapse risk OR continued substance use.  Unable to identify healthy coping skills however maintains functioning.	<u>Frequent</u> substance use, significant difficulty maintaining sobriety.  Unable to manage triggers, impairs daily functioning.	<u>Severe</u> substance use, unable to remain abstinent.  <u>Severe</u> emotional instability and inability to cope.

**Dimension 5 Comments:** \_\_\_\_\_

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recovery Environment</b>  (DIMENSION 6)	<u>No</u> dysfunction in support system.  Supportive living environment and support system.	<u>Some</u> dysfunction in support system.  Support system is passive however does not cause impairment.	<u>Moderate</u> dysfunction in support system.  Living environment is unhealthy however with support, coping is possible.	Support system poses <u>significant risk</u> to safety.  Support system does not support recovery. Living environment unsafe.	Living environment is <u>hostile and damaging</u> .  Support system contributing to substance use or emotional instability.

**Dimension 6 Comments:** \_\_\_\_\_

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