At the time of discharge, complete a **summary statement** of the individual's progress, or lack of progress, on each **open individual service plan** for all American Society of Addiction Medicine (ASAM) dimensions.

### ASAM Dimension 1 - Acute Intoxication/Withdrawal Potential

Summary of Progress: _____

Continued Care Plan: (Include ASAM risk rating, recommended level of care, and any current referrals) _____

### ASAM Dimension 2 - Biomedical Conditions and Complications

Summary of Progress: _____

Continued Care Plan: (Include ASAM risk rating, recommended level of care, and any current referrals) _____

### ASAM Dimension 3 - Emotional, Behavioral, or Cognitive Conditions and Complications

Summary of Progress: _____

Continued Care Plan: (Include ASAM risk rating, recommended level of care, and any current referrals) _____

### ASAM Dimension 4 - Readiness To Change

Summary of Progress: _____

Continued Care Plan: (Include ASAM risk rating, recommended level of care, and any current referrals) _____

### ASAM Dimension 5 - Relapse, Continued Use, or Continued Problem Potential

Summary of Progress: _____

Continued Care Plan: (Include ASAM risk rating, recommended level of care, and any current referrals) _____

### ASAM Dimension 6 - Recovery Environment

Summary of Progress: _____

Continued Care Plan: (Include ASAM risk rating, recommended level of care, and any current referrals) _____

### Summary of Discharge Interview

D: ____
A: ____
P: ____
CONTINUING CARE RE-ENTRY PLAN

☒ No use of non-prescribed mind/mood-altering substances, including alcohol and marijuana
☒ No employment in any retail alcohol or marijuana industry unless therapeutically cleared by treating agency
☒ Self-help support groups (three per week) and support group sponsor
☒ Enroll in and complete recommended treatment: Choose an item.
☐ Mental Health Counseling ☐ Vocational Rehabilitation ☐ GED ☐ Anger Management
☐ Other: 

Substance Use Disorder Professional/Trainee ____________________________ Signature ____________________________ Date __________
Supervisor ____________________________ Signature ____________________________ Date __________
Offender signature ____________________________ Date __________

TERMINATION REVIEW
Reviewed by: ____________________________ Date approved: ____________

The records contained herein are protected by Federal Confidentiality Regulations 42 CFR Part 2. The Federal rules prohibit further disclosure of this information to parties outside of the Department of Corrections unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. Upon completion, the data classification category may change.

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