Clear Form

Minnesota Department of **Human Services**

Alcohol and Drug Abuse Division

Rule 25 Assessment

Instructions

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Please note: At the earliest opportunity during the assessment interview, the assessor shall determine if the client is: a) in severe withdrawal and is likely to be a danger to self or others; b) has severe medical problems that require immediate attention; or c) has severe emotional or behavioral symptoms that place the client or others at risk of harm. If one of these conditions is present, the assessor will end the interview and help the client obtain appropriate services. The assessment may resume when the conditions in item a, b, or c are resolved.

☐ This interview was not completed.

Reason: _____

Actions taken: _____

Alcohol and Drug Abuse Division

Rule 25 Assessment

Background Information

1. DATE OF ASSESSMENT REQUEST	**2.** DATE OF ASSESSMENT		**3.** DATE SERVICE AUTHORIZED	
4. ASSESSOR	**5.** ASSESSOR PHONE NUMBER	**6.** REFERENT		**7.** ASSESSMENT SITE
8. CLIENT NAME		**9.** DATE OF BIRTH / AGE	**10.** GENDER ◯ M ◯ F	**11.** PMI/INSURANCE NUMBER
12. CLIENT'S PRIMARY LANGUAGE	**13.** Do you require special accommodations, such as an interpreter or assistance with written material? ◯ YES ◯ NO			
14. CURRENT ADDRESS		CITY	STATE	ZIP CODE
15. CLIENT PHONE NUMBER		**16.** ALTERNATE (CELL) PHONE NUMBER		

17. TELL ME WHAT HAS HAPPENED TO BRING YOU HERE TODAY?

18. Have you had other rule 25 assessments? ◯ YES ◯ NO

IF YES, WHEN, WHERE AND WHAT CIRCUMSTANCES?

DIMENSION I – Acute Intoxication/Withdrawal Potential

1. Chemical use most recent 12 months outside a facility and other significant use history (client self-report)

X = Primary Drug Used	***Age of First Use***	***Most Recent Pattern of Use and Duration*** *Need enough information to show pattern (both frequency and amounts) and to show tolerance for each chemical listed*	***Date of last use and time, if needed***	***Withdrawal Potential?*** *Needs special care? (DSM)*	***Method of use*** *(oral, smoked, snort, IV, etc)*
☐ ALCOHOL					
☐ MARIJUANA/HASHISH					
☐ COCAINE/CRACK					
☐ METH/AMPHETAMINES					
☐ HEROIN					
☐ OTHER OPIATES/ SYNTHETICS					
☐ INHALANTS					
☐ BENZODIAZEPINES					
☐ HALLUCINOGENS					
☐ BARBITURATES/ SEDATIVES/HYPNOTICS					
☐ OVER-THE-COUNTER DRUGS					
☐ OTHER					
☐ NICOTINE					

2. Do you use greater amounts of alcohol/other drugs to feel intoxicated or achieve the desired effect? Or use the same amount and get less of an effect? ◯ YES ◯ NO (DSM)

EXAMPLE

3A. Have you ever been to detox? ◯ YES ◯ NO	**3B.** WHEN WAS THE FIRST TIME?	**3C.** HOW MANY TIMES SINCE THEN?	**3D.** DATE OF MOST RECENT DETOX

4. Withdrawal symptoms: Have you had any of the following withdrawal symptoms? ◯ YES ◯ NO

Symptom	*Past 12 months*	*Recent (past 30 days)*	*Symptom*	*Past 12 months*	*Recent (past 30 days)*
SWEATING (RAPID PULSE)	☐	☐	NAUSEA/VOMITING	☐	☐
SHAKY/JITTERY/TREMORS	☐	☐	DIZZINESS	☐	☐
UNABLE TO SLEEP	☐	☐	SEIZURES	☐	☐
AGITATION	☐	☐	DIARRHEA	☐	☐
HEADACHE	☐	☐	DIMINISHED APPETITE	☐	☐
FATIGUE/EXTREMELY TIRED	☐	☐	HALLUCINATIONS	☐	☐
SAD/DEPRESSED FEELING	☐	☐	FEVER	☐	☐
MUSCLE ACHES	☐	☐	UNABLE TO EAT	☐	☐
VIVID/UNPLEASANT DREAMS	☐	☐	PSYCHOSIS	☐	☐
IRRITABILITY	☐	☐	CONFUSED/DISRUPTED SPEECH	☐	☐
SENSITIVITY TO NOISE	☐	☐	ANXIETY/WORRIED	☐	☐
HIGH BLOOD PRESSURE	☐	☐			

NOTES:

5. *ASSESSOR'S VISUAL OBSERVATIONS AND SYMPTOMS*

Based on the above information, is withdrawal likely to require attention as part of treatment participation? ◯ YES ◯ NO

Dimension I Ratings

Acute intoxication/Withdrawal potential – The placing authority **must** use the criteria in Dimension I to determine a client's acute intoxication and withdrawal potential.

RISK DESCRIPTIONS – Severity rating:

◯ 0 Client displays full functioning with good ability to tolerate and cope with withdrawal discomfort. No signs or symptoms of intoxication or withdrawal or resolving signs or symptoms.

◯ 1 Client can tolerate and cope with withdrawal discomfort. The client displays mild to moderate intoxication or signs and symptoms interfering with daily functioning but does not immediately endanger self or others. Client poses minimal risk of severe withdrawal.

◯ 2 Client has some difficulty tolerating and coping with withdrawal discomfort. Client's intoxication may be severe, but responds to support and treatment such that the client does not immediately endanger self or others. Client displays moderate signs and symptoms with moderate risk of severe withdrawal.

◯ 3 Client tolerates and copes with withdrawal discomfort poorly. Client has severe intoxication, such that the client endangers self or others, or intoxication has not abated with less intensive levels of services. Client displays severe signs and symptoms; or risk of severe, but manageable withdrawal; or withdrawal worsening despite detox at less intensive level.

◯ 4 Client is incapacitated with severe signs and symptoms. Client displays severe withdrawal and is a danger to self or others.

REASONS SEVERITY WAS ASSIGNED (What about the amount of the person's use and date of most recent use and history of withdrawal problems suggests the potential of withdrawal symptoms requiring professional assistance?)

DIMENSION II – Biomedical Complications and Conditions

1. Do you have any current health/medical concerns? *(Include any infectious diseases, allergies, or chronic or acute pain, history of chronic conditions)*

2. Do you have a health care provider? When was your most recent appointment? What concerns were identified?

3. *If indicated by answers to items 1 or 2:* How do you deal with these concerns? Is that working for you? If you are not receiving care for this problem, why not?

4A. List current medication(s) including over-the-counter or herbal supplements—including pain management

4B. Do you follow current medical recommendations/take medications as prescribed?
◯ YES ◯ NO

4C. When did you last take your medication?

5. Has a health care provider/healer ever recommended that you reduce or quit alcohol/drug use? ◯ YES ◯ NO (DSM)

6A. Are you pregnant?
◯ YES ◯ NO ◯ N/A

6B. RECEIVING PRENATAL CARE?
◯ YES ◯ NO

6C. WHEN IS YOUR BABY DUE?

7. Have you had any injuries, assaults/violence towards you, accidents, health related issues, overdose(s) or hospitalizations related to your use of alcohol or other drugs; EXPLAIN:

8. Do you have any specific physical needs/accommodations?

Dimension II Ratings

Biomedical Conditions and Complications – The placing authority **must** use the criteria in Dimension II to determine a client's biomedical conditions and complications.

RISK DESCRIPTIONS – Severity rating:

◯ 0 Client displays full functioning with good ability to cope with physical discomfort.
◯ 1 Client tolerates and copes with physical discomfort and is able to get the services that the client needs.
◯ 2 Client has difficulty tolerating and coping with physical problems or has other biomedical problems that interfere with recovery and treatment. Client neglects or does not seek care for serious biomedical problems.
◯ 3 Client tolerates and copes poorly with physical problems or has poor general health. Client neglects medical problems without active assistance.
◯ 4 Client is unable to participate in CD treatment and has severe medical problems, a condition that requires immediate intervention, or is incapacitated.

REASONS SEVERITY WAS ASSIGNED (What physical/medical problems does this person have that would inhibit his or her ability to participate in treatment? What issues does he or she have that require assistance to address?)

DIMENSION III – Emotional, Behavioral, Cognitive Conditions and Complications

1. *(Optional)* Tell me what it was like growing up in your family. (substance use, mental health, discipline, abuse, support)

2. When was the last time that you had *significant* problems...	*Past month*	*2–12 months ago*	*1+ years ago*	*Never*
A. with feeling very trapped, lonely, sad, blue, depressed or hopeless about the future?	☐	☐	☐	☐
B. with sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?	☐	☐	☐	☐
C. with feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen?	☐	☐	☐	☐
D. with becoming very distressed and upset when something reminded you of the past?	☐	☐	☐	☐
E. with thinking about ending your life or committing suicide?	☐	☐	☐	☐

3. When was the last time that you did the following things two or more times?	*Past month*	*2–12 months ago*	*1+ years ago*	*Never*
A. Lied or conned to get things you wanted or to avoid having to do something?	☐	☐	☐	☐
B. Had a hard time paying attention at school, work, or home?	☐	☐	☐	☐
C. Had a hard time listening to instructions at school, work, or home?	☐	☐	☐	☐
D. Were a bully or threatened other people?	☐	☐	☐	☐
E. Started physical fights with other people?	☐	☐	☐	☐

Note: These questions are from the Global Appraisal of Individual Needs—Short Screener. Any item marked "past month" or "2 to 12 months ago" will be scored with a severity rating of at least 2. For each item that has occurred in the past month or past year ask follow up questions to determine how often the person has felt this way or has the behavior occurred? How recently? How has it affected their daily living? And, whether they were using or in withdrawal at the time?

4.

A. *If the person has answered item 2E with "in the past year" or "the past month", ask about frequency and history of suicide in the family or someone close and whether they were under the influence*	**B.** *If the person answered item 2E "in the past month" ask about intent, plan, means and access and any other follow-up information to determine imminent risk. Document any actions taken to intervene on any identified imminent risk.*
Any history of suicide in your family? Or someone close to you? ◯ YES ◯ NO	COMMENTS
EXPLAIN	

5. **A.** Have you ever been diagnosed with a mental health problem? ◯ YES ◯ NO

B. Are you receiving care for any mental health issues? If yes, what is the focus of that care or treatment? Are you satisfied with the service? Most recent appointment? How has it been helpful?

6. **A.** Have you been prescribed medications for emotional/psychological problems? ◯ YES ◯ NO

B. Current mental health medication(s) *If these medications are listed for Dimension II, reference item II-5.*

C. Are you taking your medications as instructed? ◯ YES ◯ NO

7. **A.** Does your MH provider know about your use? ◯ YES ◯ NO

B. What does he or she have to say about it? (DSM)

8. **A.** Have you ever been verbally, emotionally, physically or sexually abused? ◯ YES ◯ NO
Follow up questions to learn current risk, continuing emotional impact.

B. Have you received counseling for abuse? ◯ YES ◯ NO

9. **A.** Have you ever experienced or been part of a group that experienced community violence, historical trauma, rape or assault? ◯ YES ◯ NO

B. How has that affected you?

C. Have you received counseling for that? ◯ YES ◯ NO

10. **A.** VETERAN ◯ YES ◯ NO | **B.** EXPOSURE TO COMBAT ◯ YES ◯ NO

11. Do you have problems with any of the following things in your daily life?

☐ Headaches ☐ Dizziness ☐ Problem solving ☐ Concentrating ☐ Performing your job/schoolwork ☐ Remembering
☐ In relationships with others ☐ Reading, writing, calculating ☐ Fights, being fired, arrests

Note: If the person has any of the above problems, how do they deal with them, have they developed coping mechanisms? Have they received treatment? Follow up with items 12, 13, and 14. If none of the issues in item 11 are a problem for the person, skip to item 15.

12. Have you been diagnosed with traumatic brain injury or Alzheimer's? ◯ YES ◯ NO

13. If the answer to #12 is no, ask the following questions:

Have you ever hit your head or been hit on the head? ◯ YES ◯ NO

Were you ever seen in the Emergency room, hospital, or by a doctor because of an injury to your head? ◯ YES ◯ NO

Have you had any significant illness that affected your brain (brain tumor, meningitis, West Nile Virus, stroke or seizure, heart attack, near drowning or near suffocation)? ◯ YES ◯ NO

14. If the answer to #12 is yes, ask if any of the problems identified in #11 occurred since the head injury or loss of oxygen. ◯ YES ◯ NO

15.

A. HIGHEST GRADE OF SCHOOL COMPLETED

B. Do you have a learning disability? ◯ YES ◯ NO	**C.** Did you ever have tutoring in Math or English? ◯ YES ◯ NO	**D.** Have you ever been diagnosed with Fetal Alcohol Effects or Fetal Alcohol Syndrome? ◯ YES ◯ NO

EXPLAIN

16. If yes to item 15 B, C, or D: How has this affected your use or been affected by your use?

Dimension III Ratings

Emotional/Behavioral/Cognitive – The placing authority **must** use the criteria in Dimension III to determine a client's emotional, behavioral, and cognitive conditions and complications.

RISK DESCRIPTIONS – Severity rating:

◯ 0 Client has good impulse control and coping skills and presents no risk of harm to self or others. Client functions in all life areas and displays no emotional, behavioral, or cognitive problems or the problems are stable.

◯ 1 Client has impulse control and coping skills. Client presents a mild to moderate risk of harm to self or others or displays symptoms of emotional, behavioral or cognitive problems. Client has a mental health diagnosis and is stable. Client functions adequately in significant life areas.

◯ 2 Client has difficulty with impulse control and lacks coping skills. Client has thoughts of suicide or harm to others without means; however, the thoughts may interfere with participation in some treatment activities. Client has difficulty functioning in significant life areas. Client has moderate symptoms of emotional, behavioral, or cognitive problems. Client is able to participate in most treatment activities.

◯ 3 Client has a severe lack of impulse control and coping skills. Client has frequent thoughts of suicide or harm to others including a plan and the means to carry out the plan. In addition, the client is severely impaired in significant life areas and has severe symptoms of emotional, behavioral, or cognitive problems that interfere with the client's ability to participate in treatment activities.

◯ 4 Client has severe emotional or behavioral symptoms that place the client or others at acute risk of harm. Client also has intrusive thoughts of harming self or others. Client is unable to participate in treatment activities.

REASONS SEVERITY WAS ASSIGNED – What current issues might with thinking, feelings or behavior pose barriers to participation in a treatment program? What coping skills or other assets does the person have to offset those issues? Are these problems that can be initially accommodated by a treatment provider? If not, what specialized skills or attributes must a provider have?

DIMENSION IV – Readiness for Change

1. You've told me what brought you here today. *(first page)* What do you think the problem really is?

2. Tell me how things are going. *Ask enough questions to determine whether the person has use related problems or assets that can be built upon in the following areas: Family/friends/relationships; Legal; Financial; Emotional; Educational; Recreational/leisure; Vocational/ employment; Living arrangements (DSM)*

3. What activities have you engaged in when using alcohol/other drugs that could be hazardous to you or others (i.e. driving a car/ motorcycle/boat, operating machinery, unsafe sex, sharing needles for drugs or tattoos, etc.)? (DSM)

4. How much time do you spend getting, using or getting over using alcohol or drugs? (DSM)

5.	Reasons for drinking/drug use *(Use the space below to record answers. It may not be necessary to ask each item.)*	
	Like the feeling	
	Trying to forget problems	
	To cope with stress	
	To relieve physical pain	
	To cope with anxiety	
	To cope with depression	
	To relax or unwind	
	Makes it easier to talk with people	
	Partner encourages use	
	Most friends drink or use	
	To cope with family problems	
	Afraid of withdrawal symptoms/to feel better	
	Other *(specify)*	

A. What concerns other people about your alcohol or drug use/Has anyone told you that you use too much? What did they say? (DSM)

B. What did you think about that/ do you think you have a problem with alcohol or drug use?

6. What changes are you willing to make? What substance are you willing to stop using? How are you going to do that? Have you tried that before? What interfered with your success with that goal?

7. What would be helpful to you in making this change?

Dimension IV Ratings

Readiness for Change – The placing authority **must** use the criteria in Dimension IV to determine a client's readiness for change.

RISK DESCRIPTIONS – Severity rating:

- ◯ 0 Client is cooperative, motivated, ready to change, admits problems, committed to change, and engaged in treatment as a responsible participant.
- ◯ 1 Client is motivated with active reinforcement, to explore treatment and strategies for change, but ambivalent about illness or need for change.
- ◯ 2 Client displays verbal compliance, but lacks consistent behaviors; has low motivation for change; and is passively involved in treatment.
- ◯ 3 Client displays inconsistent compliance, minimal awareness of either the client's addiction or mental disorder, and is minimally cooperative.
- ◯ 4 The client is: **(A)** non-compliant with treatment and has no awareness of addiction or mental disorder and does not want or is unwilling to explore change or is in total denial of the illness and its implications, or **(B)** dangerously oppositional to the extent that the client is a threat of imminent harm to self and others.

REASONS SEVERITY WAS ASSIGNED (What information did the person provide that supports your assessment of his or her readiness to change? How aware is the person of problems caused by continued use? How willing is she or he to make changes? What does the person feel would be helpful? What has the person been able to do without help?)

DIMENSION V – Relapse, Continued Use, and Continued Problem Potential

1. In what ways have you tried to control, cut-down or quit your use? If you have had periods of sobriety, how did you accomplish that? What was helpful? What happened to prevent you from continuing your sobriety? (DSM)

2. Have you experienced cravings? *If yes, ask follow up questions to determine if the person recognizes triggers and if the person has had any success in dealing with them.*

3.

A. Have you been treated for alcohol/other drug abuse/dependence? ◯ YES ◯ NO

B. NUMBER OF TIMES (LIFETIME) (OVER WHAT PERIOD)	**C.** NUMBER OF TIMES COMPLETED TREATMENT (LIFETIME)

D. During the past three years have you participated in outpatient and/or residential? ◯ YES ◯ NO

E. WHEN AND WHERE?

F. What was helpful? What was not?

4. Support group participation: Have you/do you attend support group meetings to reduce/stop your alcohol/drug use? How recently? What was your experience? Are you willing to restart? If the person has not participated, is he or she willing?

5. What would assist you in staying sober/straight?

Dimension V Ratings

Relapse/Continued Use/Continued problem potential – The placing authority must use the criteria in Dimension V to determine a client's relapse, continued use, and continued problem potential.

RISK DESCRIPTIONS – Severity rating:

◯ 0 Client recognizes risk well and is able to manage potential problems.

◯ 1 Client recognizes relapse issues and prevention strategies, but displays some vulnerability for further substance use or mental health problems.

◯ 2 **(A)** Client has minimal recognition and understanding of relapse and recidivism issues and displays moderate vulnerability for further substance use or mental health problems. **(B)** Client has some coping skills inconsistently applied.

◯ 3 Client has poor recognition and understanding of relapse and recidivism issues and displays moderately high vulnerability for further substance use or mental health problems. Client has few coping skills and rarely applies coping skills.

◯ 4 No awareness of the negative impact of mental health problems or substance abuse. No coping skills to arrest mental health or addiction illnesses, or prevent relapse.

REASONS SEVERITY WAS ASSIGNED (What information did the person provide that indicates his or her understanding of relapse issues? What about the person's experience indicates how prone he or she is to relapse? What coping skills does the person have that decrease relapse potential?)

DIMENSION VI – Recovery Environment

1. Are you employed/attending school? Tell me about that.

2A. Describe a typical day; evening for you. *Work, school, social, leisure, volunteer, spiritual practices. Include time spent obtaining, using, recovering from drugs or alcohol.* (DSM)

2B. How often do you spend more time than you planned using or use more than you planned? (DSM)

3. How important is using to your social connections? Do many of your family or friends use?

4A. Are you currently in a significant relationship? ◯ YES ◯ NO	**4B.** IF YES, HOW LONG?	**4C.** SEXUAL ORIENTATION

5A. Who do you live with?

5B. Tell me about their alcohol/drug use and mental health issues

5C. Are you concerned for your safety there?
◯ YES ◯ NO

5D. Are you concerned about the safety of anyone else who lives with you?
◯ YES ◯ NO

6A. Do you have children who live with you? *If the person lives with children, ask follow-up questions to determine the person's relationship and responsibility, both legal and care giving; and what arrangements are made for supervision for the children when the person is not available.*

6B. Do you have children who do not live with you? *If yes, ask follow up questions to learn where the children are, who has custody and what the person's relationship and responsibility is with these children and what hopes the person has for his or her future with these children.*

7A. Who supports you in making changes in your alcohol or drug use? What are they willing to do to support you? Who is upset or angry about you making changes in your alcohol or drug use? How big a problem is this for you?

7B. *This table is provided to record information about the person's relationships and available support It is not necessary to ask each item; only to get a comprehensive picture of their support system.*

How often can you count on the following people when you need someone?	*Always supportive*	*Usually supportive*	*Rarely supportive*	*Never supportive*	*Willing to stop using?*
Partner/spouse	☐	☐	☐	☐	☐
Parent(s)/Aunt(s)/Uncle(s)/Grandparent(s)	☐	☐	☐	☐	☐
Sibling(s)/Cousin(s)	☐	☐	☐	☐	☐
Child(ren)	☐	☐	☐	☐	☐
Other relative(s)	☐	☐	☐	☐	☐
Friend(s)/neighbor(s)	☐	☐	☐	☐	☐
Child(ren)'s father(s)/mother(s)	☐	☐	☐	☐	☐
Support group member(s)	☐	☐	☐	☐	☐
Community of faith members	☐	☐	☐	☐	☐
Social worker/counselor/therapist/healer	☐	☐	☐	☐	☐
Other *(specify)*	☐	☐	☐	☐	☐

8A. What is your current living situation?

8B. What is your long term plan for where you will be living?

8C. Tell me about your living environment/neighborhood? *Ask enough follow up questions to determine safety, criminal activity, availability of alcohol and drugs, supportive or antagonistic to the person making changes.*

9. Criminal justice history: *Gather current/recent history and any significant history related to substance use—Arrests? Convictions? Circumstances? Alcohol or drug involvement? Sentences? Still on probation or parole? Expectations of the court? Current court order? Any sex offenses – lifetime? What level?* (DSM)

10. What obstacles exist to participating in treatment? (Time off work, childcare, funding, transportation, pending jail time, living situation)

Dimension VI Ratings

Recovery environment – The placing authority must use the criteria in Dimension VI to determine a client's recovery environment.

RISK DESCRIPTIONS – Severity rating:

- ◯ 0 Client is engaged in structured, meaningful activity and has a supportive significant other, family, and living environment.
- ◯ 1 Client has passive social network support or family and significant other are not interested in the client's recovery. The client is engaged in structured meaningful activity.
- ◯ 2 Client is engaged in structured, meaningful activity, but peers, family, significant other, and living environment are unsupportive, or there is criminal justice involvement by the client or among the client's peers, significant others, or in the client's living environment.
- ◯ 3 Client is not engaged in structured, meaningful activity and the client's peers, family, significant other, and living environment are unsupportive, or there is significant criminal justice system involvement .
- ◯ 4 Client has **(A)** Chronically antagonistic significant other, living environment, family, peer group or long-term criminal justice involvement that is harmful to recovery or treatment progress, or **(B)** Client has an actively antagonistic significant other, family, work, or living environment with immediate threat to the client's safety and well-being.

REASONS SEVERITY WAS ASSIGNED (What support does the person have for making changes? What structure/stability does the person have in his or her daily life that will increase the likelihood that changes can be sustained? What problems exist in the person's environment that will jeopardize getting/staying clean and sober?)

Client Choice/Exceptions

Would you like services specific to language, age, gender, culture, religious preference, race, ethnicity, sexual orientation or disability?
◯ YES ◯ NO IF YES, SPECIFY:

What particular treatment choices and options would you like to have?

Do you have a preference for a particular treatment program?

Criteria for Diagnosis

DSM-V Criteria for Substance Abuse

Instructions

Determine whether the client currently meets the criteria for a Substance Use Disorder using the diagnostic criteria in the DSM-V, pp. 481-589. Current means during the most recent 12 months outside a facility that controls access to substances.

Category of substance	*Severity*	*ICD-10 Code/DSM V Code*
☐ Alcohol Use Disorder	◯ Mild ◯ Moderate ◯ Severe	◯ (F10.10) (305.00) ◯ (F10.20) (303.90) ◯ (F10.20) (303.90)
☐ Cannabis Use Disorder	◯ Mild ◯ Moderate ◯ Severe	◯ (F12.10) (305.20) ◯ (F12.20) (304.30) ◯ (F12.20) (304.30)
☐ Hallucinogen Use Disorder	◯ Mild ◯ Moderate ◯ Severe	◯ (F16.10) (305.30) ◯ (F16.20) (304.50) ◯ (F16.20) (304.50)
☐ Inhalant Use Disorder	◯ Mild ◯ Moderate ◯ Severe	◯ (F18.10) (305.90) ◯ (F18.20) (304.60) ◯ (F18.20) (304.60)
☐ Opioid Use Disorder	◯ Mild ◯ Moderate ◯ Severe	◯ (F11.10) (305.50) ◯ (F11.20) (304.00) ◯ (F11.20) (304.00)
☐ Sedative, Hypnotic, or Anxiolytic Use Disorder	◯ Mild ◯ Moderate ◯ Severe	◯ (F13.10) (305.40) ◯ (F13.20) (304.10) ◯ (F13.20) (304.10)
☐ Stimulant Related Disorders	◯ Mild ◯ Moderate ◯ Severe	◯ (F15.10) (305.70) Amphetamine type substance ◯ (F14.10) (305.60) Cocaine ◯ (F15.10) (305.70) Other or unspecified stimulant ◯ (F15.20) (304.40) Amphetamine type substance ◯ (F14.20) (304.20) Cocaine ◯ (F15.20) (304.40) Other or unspecified stimulant ◯ (F15.20) (304.40) Amphetamine type substance ◯ (F14.20) (304.20) Cocaine ◯ (F15.20) (304.40) Other or unspecified stimulant
☐ Tobacco use Disorder	◯ Mild ◯ Moderate ◯ Severe	◯ (Z72.0) (305.1) ◯ (F17.200) (305.1) ◯ (F17.200) (305.1)
☐ Other (or unknown) Substance Use Disorder	◯ Mild ◯ Moderate ◯ Severe	◯ (F19.10) (305.90) ◯ (F19.20) (304.90) ◯ (F19.20) (304.90)

Collateral Contact Summary

NUMBER OF CONTACTS MADE	CONTACT WITH REFERRING PERSON ◯ YES ◯ NO

If court related records were reviewed, summarize here:

☐ Information from collateral contacts supported/largely agreed with information from the client and associated risk ratings.

☐ Information from collateral contacts was significantly different from information from the client and lead to different risk ratings. Summarize new information here:

Rule 25 Assessment Summary and Plan

ASSESSOR'S RECOMMENDATION

INTERVIEW CONDUCTED BY (SIGNATURE)	**DATE**

Collateral Contacts

Please duplicate this page for each contact. If this includes information which is sensitive and not public, separate this page from the rest of the assessment before sharing. Retain the page in the assessment file.

NAME	RELATIONSHIP	PHONE NUMBER	RELEASES ◯ YES ◯ NO
INFORMATION PROVIDED			

Collateral Contacts

Please duplicate this page for each contact. If this includes information which is sensitive and not public, separate this page from the rest of the assessment before sharing. Retain the page in the assessment file.

NAME	RELATIONSHIP	PHONE NUMBER	RELEASES ◯ YES ◯ NO
INFORMATION PROVIDED			