

Chronic Pain Substance Abuse Risk Assessment

Client: **DOB:** **Assessment Date:**

Assessor:

Referral by: **Fax:**

Client Overview (presenting concern):

Dimension I (Detox/Withdrawal; *substance use history; Hx of physician involvement*):

Reports that s/he takes the following *medications*:

Dimension II (Biomedical Conditions and Complications; *health status*):

Dimension III (Emotional/Behavioral Conditions and Complications or Axis II):

Dimension IV (Readiness to Change; *self-care*):

Dimension V (Relapse, Continued Use or Continued Problem Potential):

Dimension VI (Recovery Environment; *social supports, living arrangements; employment*):

Strengths:

Risk factors:

Summary/Recommendations:

Counselor Signature _____ Date: _____