

LOCUS WORKSHEET VERSION 2010

Rater Name _____ Date _____

Please check the applicable ratings within each dimension and record the score in the lower right hand corner. Total your score and determine the recommended level of care using either the Placement Grid or the Decision Tree.

<p>I. Risk of Harm</p> <p><input type="checkbox"/> 1. Minimal Risk of Harm Criteria _____</p> <p><input type="checkbox"/> 2. Low Risk of Harm Criteria _____</p> <p><input type="checkbox"/> 3. Moderate Risk of Harm Criteria _____</p> <p><input type="checkbox"/> 4. Serious Risk of Harm Criteria _____</p> <p><input type="checkbox"/> 5. Extreme Risk of Harm Criteria _____</p> <p style="text-align: right;">Score _____</p>	<p>IV-B. Recovery Environment - Level of Support</p> <p><input type="checkbox"/> 1. Highly Supportive Environment Criteria _____</p> <p><input type="checkbox"/> 2. Supportive Environment Criteria _____</p> <p><input type="checkbox"/> 3. Limited Support in Environment Criteria _____</p> <p><input type="checkbox"/> 4. Minimal Support in Environment Criteria _____</p> <p><input type="checkbox"/> 5. No Support in Environment Criteria _____</p> <p style="text-align: right;">Score _____</p>
<p>II. Functional Status</p> <p><input type="checkbox"/> 1. Minimal Impairment Criteria _____</p> <p><input type="checkbox"/> 2. Mild Impairment Criteria _____</p> <p><input type="checkbox"/> 3. Moderate Impairment Criteria _____</p> <p><input type="checkbox"/> 4. Serious Impairment Criteria _____</p> <p><input type="checkbox"/> 5. Severe Impairment Criteria _____</p> <p style="text-align: right;">Score _____</p>	<p>V. Treatment and Recovery History</p> <p><input type="checkbox"/> 1. Full Response to Treatment and Recovery Management Criteria _____</p> <p><input type="checkbox"/> 2. Significant Response to Treatment and Recovery Management Criteria _____</p> <p><input type="checkbox"/> 3. Moderate or Equivocal Response to Treatment and Recovery Management Criteria _____</p> <p><input type="checkbox"/> 4. Poor Response to Treatment and Recovery Management Criteria _____</p> <p><input type="checkbox"/> 5. Negligible Response to Treatment Criteria _____</p> <p style="text-align: right;">Score _____</p>
<p>III. Co-Morbidity</p> <p><input type="checkbox"/> 1. No Co-Morbidity Criteria _____</p> <p><input type="checkbox"/> 2. Minor Co-Morbidity Criteria _____</p> <p><input type="checkbox"/> 3. Significant Co-Morbidity Criteria _____</p> <p><input type="checkbox"/> 4. Major Co-Morbidity Criteria _____</p> <p><input type="checkbox"/> 5. Severe Co-Morbidity Criteria _____</p> <p style="text-align: right;">Score _____</p>	<p>VI. Engagement</p> <p><input type="checkbox"/> 1. Optimal Engagement Criteria _____</p> <p><input type="checkbox"/> 2. Positive Engagement Criteria _____</p> <p><input type="checkbox"/> 3. Limited Engagement Criteria _____</p> <p><input type="checkbox"/> 4. Minimal Engagement Criteria _____</p> <p><input type="checkbox"/> 5. Unengaged Criteria _____</p> <p style="text-align: right;">Score _____</p>
<p>IV-A. Recovery Environment - Level of Stress</p> <p><input type="checkbox"/> 1. Low Stress Environment Criteria _____</p> <p><input type="checkbox"/> 2. Mildly Stressful Environment Criteria _____</p> <p><input type="checkbox"/> 3. Moderately Stressful Environment Criteria _____</p> <p><input type="checkbox"/> 4. Highly Stressful Environment Criteria _____</p> <p><input type="checkbox"/> 5. Extremely Stressful Environment Criteria _____</p> <p style="text-align: right;">Score _____</p>	<p>Composite Score</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 150px;"></div> <p>Level of Care Recommendation</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 150px;"></div>