

**LOUISIANA INTEGRATED TREATMENT SERVICES
ITTS PRE-TREATMENT EVALUATION**

A. RECORD MANAGEMENT

- 1. **Client ID# (SS#):** |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 - 2. **Evaluation Date:** |_|_|-|_|_|-|_|_|
 - 3. **Facility/Clinician:** **OMH Clinician** _____ **OAD Clinician** _____
 - 4. **Psychiatric Diagnosis:** _____ **Primary Substance** _____
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B. CLINICAL EVALUATION

- | | NUMBER |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1. During the past 30 days, how many sessions was the client scheduled for | |
| a. Group Sessions | _ _ |
| b. Individual Sessions | _ _ |
| 2. During the past 30 days, how many scheduled sessions did the client miss? | _ _ |
| 3. How many urine screens were given in the past 30 days? | _ _ |
| a. How many were positive? | _ _ |
| 4. To your knowledge, please indicate the extent to which you think the client has been medication compliant in the last 30 days. | _ _ |
| 0-non-compliant 1-Somewhat compliant 2-Moderately compliant 3-Largely compliant 4-Very compliant, or N/A | |
| 5. Please rate the extent to which the client is complaint with his/her treatment plan: | _ _ |
| 0-non-compliant 1-Somewhat compliant 2-Moderately compliant 3-Largely compliant 4-Very compliant, or N/A | |
| 6. In your clinical judgment, how responsive is this client to treatment? | _ _ |
| 0-non-responsive 1-Somewhat responsive 2-Moderately responsive 3-Largely responsive 4-Very responsive | |
| 7. In your clinical judgment, please indicate the level of readiness for change in substance use for this client | _ _ |
| 1-Precontemplative 2-Relapse 3-Contemplative 4-Determination 5-Action 6-Maintenance | |
| 8. In your clinical judgment, please indicate the level of readiness for change in mental illness for this client | _ _ |
| 1-Precontemplative 2-Relapse 3-Contemplative 4-Determination 5-Action 6-Maintenance | |

Submitted by: _____