ASAM Treatment Plan

Name: _____ Date: _____ dd / mm / yyyy

Diagnosis:

Medication:

DIMENSION 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

Assessment

Treatment Focus

DIMENSION 2: BIOMEDICAL CONDITIONS AND COMPLICATIONS

Assessment

Treatment Focus

DIMENSION 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS AND COMPLICATIONS

Assessment

Treatment Focus

DIMENSION 4: READINESS TO CHANGE

Assessment

Treatment Focus

DIMENSION 5: RELAPSE, CONTINUED USE OR CONTINUED PROBLEM POTENTIAL

Assessment

Treatment Focus

DIMENSION 6: RECOVERY AND LIVING ENVIRONMENT

Assessment

Treatment Focus

Additional Notes: