

# Vermont Co-occurring Educational Clinical Consultation

**Rules:** *No names will be used during the consultation to maintain confidentiality of the client*

**Directions:** Please provide the following information below.

1. Complete ASAM-PPC 2R using all domains
2. Complete Substance Abuse Treatment Scale
3. Provide the following information listed below. Please limit to relevant and essential information

**Reason for consultation request ( Put in the form of a question with expectations of consultants specified):**

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**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Race/Ethnicity:** \_\_\_\_\_

**Diagnosis:** **Axis I** \_\_\_\_\_

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**Axis II** \_\_\_\_\_

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**Axis III** \_\_\_\_\_

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**Axis IV** \_\_\_\_\_

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**Axis V** \_\_\_\_\_

**Client chief complaint:**

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**History of current episode/Events leading up to seeking treatment:**

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**Most recent stable baseline:**

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**Past treatment experience:**

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**Identify any critical developmental incidents if known:**

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**Current providers/stakeholders:**

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**Identify key supports (primary, social, emotional) and quality of relationship:**

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**Current treatment plan and goals:**

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**Client opinion of why treatment is not working:**

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**Primary Staff opinion of why treatment is not working:**

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**Identify any ethical/legal/moral issues:**

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**Identify client strengths:**

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