

Name _____

Date _____

LOCUS

WORKSHEET

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 Environmet - Level of Support</p> <p><input type="checkbox"/> 1. Highly Supportive Environmet Criteria _____</p> <p><input type="checkbox"/> 2. Supportive Environmet Criteria _____</p> <p><input type="checkbox"/> 3. Limited Support in Environmet Criteria _____</p> <p><input type="checkbox"/> 4. Minimal Support in Environmet Criteria _____</p> <p><input type="checkbox"/> 5. No Support in Environmet Criteria _____</p> <p style="text-align: right;">Score ____</p>
<p>II. Functional Status</p> <p><input type="checkbox"/> 1. Minimal Impainment Criteria _____</p> <p><input type="checkbox"/> 2. Mild Impainment Criteria _____</p> <p><input type="checkbox"/> 3. Moderate Impainment Criteria _____</p> <p><input type="checkbox"/> 4. Serious Impainment Criteria _____</p> <p><input type="checkbox"/> 6. Severe Impainment 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 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 and Recovery Management 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. Optional 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. 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 style="text-align: right;">Composite Score <input style="width: 80px;" type="text"/></p> <p>Level of Care Recommendation <input style="width: 80px;" type="text"/></p>