

LOCUS WORKSHEET
VERSION 2010

Client Name _____ MPI/Client #: _____

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</p> <p><input type="checkbox"/> 2. Low Risk of Harm</p> <p><input type="checkbox"/> 3. Moderate Risk of Harm</p> <p><input type="checkbox"/> 4. Serious Risk of Harm</p> <p><input type="checkbox"/> 5. Extreme Risk of Harm</p> <p>Criteria selected _____ Score _____</p>	<p>IV-B. Recovery Environment - Level of Support</p> <p><input type="checkbox"/> 1. Highly Supportive Environment</p> <p><input type="checkbox"/> 2. Supportive Environment</p> <p><input type="checkbox"/> 3. Limited Support in Environment</p> <p><input type="checkbox"/> 4. Minimal Support in Environment</p> <p><input type="checkbox"/> 5. No Support in Environment</p> <p>Criteria selected _____ Score _____</p>
<p>II. Functional Status</p> <p><input type="checkbox"/> 1. Minimal Impairment</p> <p><input type="checkbox"/> 2. Mild Impairment</p> <p><input type="checkbox"/> 3. Moderate Impairment</p> <p><input type="checkbox"/> 4. Serious Impairment</p> <p><input type="checkbox"/> 5. Severe Impairment</p> <p>Criteria selected _____ Score _____</p>	<p>V. Treatment and Recovery History</p> <p><input type="checkbox"/> 1. Fully Responsive</p> <p><input type="checkbox"/> 2. Significant Response</p> <p><input type="checkbox"/> 3. Moderate or Equivocal Response</p> <p><input type="checkbox"/> 4. Poor Response</p> <p><input type="checkbox"/> 5. Negligible Response</p> <p>Criteria selected _____ Score _____</p>
<p>III. Medical, Addictive and Psychiatric Co-Morbidity</p> <p><input type="checkbox"/> 1. No Co-Morbidity</p> <p><input type="checkbox"/> 2. Minor Co-Morbidity</p> <p><input type="checkbox"/> 3. Significant Co-Morbidity</p> <p><input type="checkbox"/> 4. Major Co-Morbidity</p> <p><input type="checkbox"/> 5. Severe Co-Morbidity</p> <p>Criteria selected _____ Score _____</p>	<p>VI. Engagement and Recovery Status</p> <p><input type="checkbox"/> 1. Optimal Engagement and Recovery</p> <p><input type="checkbox"/> 2. Positive Engagement and Recovery</p> <p><input type="checkbox"/> 3. Limited Engagement and Recovery</p> <p><input type="checkbox"/> 4. Minimal Engagement and Recovery</p> <p><input type="checkbox"/> 5. Unengaged and Stuck</p> <p>Criteria selected _____ Score _____</p>
<p>IV-A. Recovery Environment - Level of Stress</p> <p><input type="checkbox"/> 1. Low Stress Environment</p> <p><input type="checkbox"/> 2. Mildly Stressful Environment</p> <p><input type="checkbox"/> 3. Moderately Stressful Environment</p> <p><input type="checkbox"/> 4. Highly Stressful Environment</p> <p><input type="checkbox"/> 5. Extremely Stressful Environment</p> <p>Criteria selected _____ Score _____</p>	<p>Composite Score </p> <p>Level of Care Recommendation </p>

Staff Name (Please print) _____ Date _____