



## LOCUS Assessment & Update

Please complete all sections of this form and fax it to (651)662-0718. You will be notified of the information outcome.  
If you have any questions, please contact provider services at 1-800-365-2735

PATIENT NAME:

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DATE OF BIRTH: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

DIMENSION I: RISK OF HARM / Score \_\_\_\_\_

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DIMENSION II: FUNCTIONAL STATUS / Score \_\_\_\_\_

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DIMENSION III: CO-MORBIDITY: MEDICAL, SUBSTANCE USE, AND PSYCHIATRIC CONCERNS / Score \_\_\_\_\_

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DIMENSION IV: RECOVERY ENVIRONMENT - ENVIRONMENTAL STRESS / Score \_\_\_\_\_

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DIMENSION IV: RECOVERY ENVIRONMENT –ENVIRONMENTAL SUPPORT / Score \_\_\_\_\_

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DIMENSION V: TREATMENT AND RECOVERY HISTORY / Score \_\_\_\_\_

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DIMENSION VI: ENGAGEMENT / Score \_\_\_\_\_

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COMPOSITE LOCUS SCORE \_\_\_\_\_

LOCUS Level of Care Recommendation \_\_\_\_\_

Actual (Disposition) Level of Care \_\_\_\_\_

Reason for Variance from LOCUS Level of Care Recommendation \_\_\_\_\_

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PLAN OF CARE: \_\_\_\_\_

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Name of Person Completing Assessment: \_\_\_\_\_

Date Assessment Completed: \_\_\_\_\_