## **PCPC Summary Sheet**

1.	Client Name:			SS#:	
	Reviewer/Therapist:			Phone # & Ext	
	Facility:			Date:	
Cir	Circle One: ADMISSION CONTINUED STAY		AY		
2.	Show the level of care and criteria indicated for each dimension below (e.g., Dimension 1: LOC <u>3A</u> ; Criteria 3A1.B):				
	Indicate the level of care recommended, the program or facility referred to:				
	Indicate criteria in the followi	ng sections:			
		Level of Care	Crite	ria Indicated	
	1. Intoxication/Withdrawal				
	2. Biomedical Conditions				
	3. Emotional/Behavioral				
	4. Treatment Accept/Resist				
	5. Relapse Potential				
	6. Recovery Environment				
3.	A brief comment about the client's progress or status is required in each dimension. For detox admissions, include in Dimension 1 amount, duration, and last use for each substance.				
	Dimension 1:				
	Dimension 2:				
	Dimension 3:				
	Dimension 4:				
	Dimension 5:				
	Dimension 6:				