

# FOOTHILLS BEHAVIORAL HEALTH PARTNERS LOCUS WORK SHEET

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

Please check the applicable ratings within each dimension. Place the letter of the selected choice(s) next to the corresponding level.

<p><b>I. Risk of Harm</b></p> <p>1 Minimal Risk of Harm</p> <p>2 Low Risk of Harm</p> <p>3 Moderate Risk of Harm</p> <p>4 Serious Risk of Harm</p> <p>5 Extreme Risk of Harm</p>	<p><b>IV.B. Recovery Environment - Level of Support</b></p> <p>1 Highly Supportive Environment</p> <p>2 Supportive Environment</p> <p>3 Limited Support in Environment</p> <p>4 Minimal Support in Environment</p> <p>5 No Support in Environment</p>
<p><b>II. Functional Status</b></p> <p>1 Minimal Impairment</p> <p>2 Mild Impairment</p> <p>3 Moderate Impairment</p> <p>4 Serious Impairment</p> <p>5 Severe Impairment</p>	<p><b>V. Treatment and Recovery History</b></p> <p>1 Full Responsiveness to Treatment &amp; Recovery Significant Response to Treatment and Recovery Management</p> <p>3 Moderate or Equivocal Response to Treatment and Recovery Management</p> <p>4 Poor Response to Treatment and Recovery Management</p> <p>5 Negligible Response to Treatment</p>
<p><b>III. Medical, Addictive &amp; Psychiatric Co-Morbidity</b></p> <p>1 No Co-morbidity</p> <p>2 Minor Co-morbidity</p> <p>3 Significant Co-Morbidity</p> <p>4 Major Co-Morbidity</p> <p>5 Severe Co-Morbidity</p>	<p><b>VI. Engagement</b></p> <p>1 Optimal</p> <p>2 Positive</p> <p>3 Limited</p> <p>4 Minimal</p> <p>5 Unengaged</p>
<p><b>IV.A. Recovery Environment - Level of Stress</b></p> <p>1 Low Stress Environment</p> <p>2 Mildly Stressful Environment</p> <p>3 Moderately Stressful Environment</p> <p>4 Highly Stressful Environment</p> <p>5 Extremely Stressful Environment</p>	

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date of Assessment

FOR FBH USE ONLY: Composite Score: \_\_\_\_\_

FOR FBH USE ONLY: LOC Recommendation: \_\_\_\_\_