

**Georgia Department of Corrections
Addiction Severity Index Summary Assessment**

Facility: _____

Date of Assessment: _____

Name: _____

GDC#: _____

DOB: _____

Race: _____

General Information:

Medical History:

Employment Support:

Alcohol and Drug Usage:

Legal Status:

Family History:

Family and Social Relations:

Psychiatric Status:

Significant Problems (based on previous 2 pages)

Mental health/psychiatric: _____

Alcohol/drug usage: _____

Medical: _____

Employment support: _____

Family/Social support: _____

Housing/Residence planning: _____

Legal: _____

Other: _____

Staff Name: _____ Title: _____

Staff Signature: _____

Reviewed by: _____ (Name) _____ (Title)

Signature: _____ Date: _____