

TAPNET ASSESSMENT FORM

Print Name _____ Case Number _____ Case Manager _____

Assessor, please:

- Ensure that counselor has provided you with a signed copy of the TAPNET consent form**
- Fax a copy of the signed consent form to TAPNET**
- Counselor is to mail original signed form to TAPNET**

Instructions: This form is to be used by counselors considering participation in the Texas Addiction Professionals Peer Assistance Network (TAPNET). This form is to be completed by any health professional that provides assessment and/ or treatment. Assessor and participant should retain copies. Please complete the flowing information and send to TAPNET.

This is to verify that _____ (counselor’s name) was assessed on _____ (date)

- Mental Illness and/or
- Substance Abuse

Psychiatric Diagnosis/impression: _____

Psychiatric treatment plan: Inpatient Outpatient Individual Therapy (frequency) _____ Medication Management

List all medications prescribed: _____

Substance Abuse Diagnosis/impression: _____

Specify Treatment recommendations: A&D Education Inpatient Outpatient Relapse Prevention Individual Therapy

other (please explain): _____

Frequency of sessions: _____/week _____/month Length of stay: _____ days _____ weeks _____ months _____ years

Comments: _____

Date admitted to treatment facility/hospital: _____ **Facility name:** _____ **Phone:** _____

Assessor name & credentials (print): _____

Facility name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Assessor Signature: _____ **Date:** _____

Return Form to: TAPNET
1005 Congress Ave., Ste. 460
Austin, TX 78701
Phone: (877) 4TAPNET
Fax: (512) 476-7297
www.tapnettx.org
peerassistance@taap.org