



**SUBSTANCE ABUSE PREVENTION AND CONTROL  
PROBLEM LIST ADDENDUM**

**PATIENT INFORMATION**

1. Name (Last, First, and Middle):	2. Date of Birth (MM/DD/YYYY):
3. Medi-Cal or MHLA Number:	4. Sage Client Number:

**PROVIDER AGENCY**

5. Name:	6. Address:	7. Contact Person and Phone Number:
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8. Date of Problem List Associated with this Addendum:

**ASAM Dimensions:** 1. Acute intoxication and/or Withdrawal Potential; 2. Biomedical Conditions and Complications; 3. Emotional, Behavioral or Cognitive Conditions/Complications; 4. Readiness to change; 5. Relapse Continued Use, or Continued Problem Potential; 6. Recovery Environment

**PROBLEM # \_\_\_\_\_ (enter Problem #)**

9. Problem:

10. Added By:	11. Practitioner's Title:	12. Date Added:
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13. Dimension(s):

14. Removed By:	15. Practitioner's Title:	16. Date Removed:
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**PROBLEM # \_\_\_\_\_ (enter Problem #)**

9. Problem:

10. Added By:	11. Practitioner's Title:	12. Date Added:
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13. Dimension(s):

14. Removed By:	15. Practitioner's Title:	16. Date Removed:
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**PROBLEM # \_\_\_\_\_ (enter Problem #)**

9. Problem:		
10. Added By:	11. Practitioner's Title:	12. Date Added:
13. Dimension(s):		
14. Removed By:	15. Practitioner's Title:	16. Date Removed:

**PROBLEM # \_\_\_\_\_ (enter Problem #)**

9. Problem:		
10. Added By:	11. Practitioner's Title:	12. Date Added:
13. Dimension(s):		
14. Removed By:	15. Practitioner's Title:	16. Date Removed:

**PROBLEM # \_\_\_\_\_ (enter Problem #)**

9. Problem:		
10. Added By:	11. Practitioner's Title:	12. Date Added:
13. Dimension(s):		
14. Removed By:	15. Practitioner's Title:	16. Date Removed:

**PROBLEM # \_\_\_\_\_ (enter Problem #)**

9. Problem:		
10. Added By:	11. Practitioner's Title:	12. Date Added:
13. Dimension(s):		
14. Removed By:	15. Practitioner's Title:	16. Date Removed:

**NAME AND SIGNATURE OF INVOLVED PARTIES**

17. Patient Signature (optional):		18. Date:	
19. Counselor Name (if applicable):	20. Counselor Signature (if applicable):	21. Date	
22. (LE)LPHA Name:	23. (LE)LPHA Signature:	24. (LE)LPHA License Number:	25. Date:

**PROBLEM LIST REVIEW**

26. Problem List Review Date:		27. Date of Progress Note Documenting Problem List Review:	
28. Counselor Name (if applicable):	29. Counselor Signature (if applicable):	30. Date	
31. (LE)LPHA Name:	32. (LE)LPHA Signature:	33. (LE)LPHA License Number:	34. Date:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to APPLICABLE Welfare and Institutions Code, Civil Code, HIPAA Privacy Standards, and 42 CFR Part 2. Duplication of this information for further disclosure is prohibited without the prior written authorization of the

## PROBLEM LIST ADDENDUM FORM INSTRUCTIONS

**Red fields are required.**

### PATIENT INFORMATION

1. Enter the patient's name in the order of last name, first name, and middle name.
2. Enter the patient's date of birth.
3. Enter the patient's Medi-Cal or My Health LA (MHLA) number. If the number is not known, leave the space blank.
4. Enter the patient's Client Number from Sage.

### PROVIDER AGENCY

5. Enter the agency's name.
6. Enter the agency's address.
7. Enter the contact person at the agency and their phone number.
8. Enter the date of the problem list associated with this Problem List Addendum.

### PROBLEM(S)

9. List the problem. Within the scope of the practitioner identifying the problem, this can be listed as a diagnosis, social determinant of health, Z-Code, or description of an issue. Problems focus on the patient's current areas of concern.
10. Enter the Practitioner's Name who identified/added the problem AND their credential (ex. RADT-I, CADC-II, LCSW, MD).
11. Enter the practitioner's job title (ex. Registered SUD Counselor, Certified SUD Counselor, Licensed Social Worker).
12. Enter the date the problem was added to the problem list.
13. Enter the ASAM dimension(s) which correspond to the problem.
14. Enter the practitioner's name and credential that removed the problem. This should be within the scope of the practitioner to remove problems such as SUD diagnosis.
15. Enter the practitioner's job title.
16. Enter the date the problem as identified for removal. If Applicable, add the date the problem.

**Print out additional copies of page 2 of the problem list addendum form if needed.**

### NAME AND SIGNATURE OF INVOLVED PARTIES

17. Enter the patient's signature. (This is optional)
18. Enter the date the patient signs the Problem List.
19. Enter the counselor's name, if applicable.
20. Enter the counselor's signature, if applicable.
21. Enter the date the counselor signs the Problem List, if applicable.
22. Enter the LPHA or License Eligible (LE) LPHA's name.
23. Enter the LPHA or (LE) LPHA's signature.
24. Enter the LPHA or (LE) LPHA's license number.
25. Enter the date the LPHA or (LE) LPHA's signed the form.

**PROBLEM LIST REVIEW**

26. Enter the date the counselor/LPHA reviewed the problem list.
27. Enter the date of the progress note documenting the problem list was review.
28. Enter the counselor's name, if applicable.
29. Enter the counselor's signature, if applicable.
30. Enter the date the counselor signs the Problem List, if applicable.
31. Enter the LPHA or (LE) LPHA's name.
32. Enter LPHA or (LE) LPHA's signature.
33. Enter LPHA or (LE) LPHA's license number.
34. Enter the date the LPHA or (LE) LPHA's signed the form.