
Appendix I

Treatment Facility Checklist

Date: _____

Facility Name: _____ Phone Number: _____

Web site _____

Information Source: _____ Brochure(s) Requested _____

Physical Health

M.D. (Internist, addictionologist, nonpsychiatric) on staff _____

M.D. as above, consulting _____

Nursing care provided _____

Psychiatric Coverage

Psychiatrist on staff _____

Psychiatrist consulting _____

Psychotropic medication where needed _____

Psychosocial Treatment

Psychologist on staff _____

Psychologist _____

MA social worker _____

Continuum of Care:

Detox — On site _____; Accessed elsewhere _____

Inpatient — On site _____; Accessed elsewhere _____

PHP — On site _____; Accessed elsewhere _____

IOP — On site _____; Accessed elsewhere _____

Residential _____

Dual Dx Treatment:

Yes _____ No _____

Treatment Philosophy:

12 Step (AA) only _____

Rational Recovery (harm reduction) only _____

Other Cog. Beh. Model only _____

Mixed model

AA and Cog. Beh. _____

AA and Psychoeducational _____

AA and other treatment _____

Any combination not including AA _____

Payment Method:

Other Model (describe)

Recreational/Occupational Rehabilitation

OT/RT on site _____; Consulting _____; By referral _____

Vocational Rehab on site _____; By referral _____