

Eighteenth Judicial Circuit Court DuPage County Evaluation Addendum Summary

Client: _____ DOB: _____

I. Basis for recommendation (interpretation of all data obtained, i.e., testing, corroborative information, substance history, symptomology, treatment history, consistency of information, etc.):

II. Recommendation based upon findings:

a. OASA mandated recommendation:

- _____ Minimal Risk
- _____ Moderate Risk
- _____ Significant Risk
- _____ High Risk Dependent
- _____ High Risk Non-Dependent

b. Additional diagnostic and ancillary services to be explored by the treatment provider:

III. Agency and/or professional(s) best suited to deliver recommended services:

Signature

Date

Agency

DASA License Number