

Please Record CLIENT # _____

Section V: LOCUS/IV Recovery Environment [Complete at 6, 12, 18, 24, 30, 36, and 42 mos. Record LOCUS/IV Recovery Environment Level of Stress and Level of Support Dimension Scores (Range = 1-5). See electronic OMHIIS record for reassessment scores.]

LOCUS/IV Recovery Environment

LOCUS/IV Recovery Environment Level of Stress: [] LOCUS/IV Recovery Environment Level of Support: []

Section VI: Lab Work [Complete at 12, 24, and 36 mos.]

Date of Blood Draw (MM/DD/YY): / /

Did client fast 8 hours prior? Y N

Blood Glucose

Lipid Total (Tot. Chol.)

Lipid LDL

HgBA1C (if available)

Lipid HDL

Lipid TRI

Lab Work & Additional Notes:

Section VII: Current Medication List [Complete at every reassessment period. Please list or attach list of current medications used by participant within the last 30 days, including medications for pain. Please identify dose and prescribing doctor for each medication. Ask participant to bring bottles each visit.]

Medication	Dose	Prescribing Doctor
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

INSTRUCTIONS TO RN CARE MANAGERS: File Reassessment Health Indicators Instruments in participant's THP chart. Contact Catherine Lemieux if you have any questions (578-1018, clemieux@lsu.edu)