



Colorado Relationship Recovery
1777 S Bellaire Ste #460 Denver, CO 80222

Certificate of Drug and Alcohol Assessment Completion

Agency Name: _____

Phone Number: _____

Agency Address: _____

Client Full Name: _____

Client Date of Birth: _____

Client Address: _____

Date of Assessment: __/__/__ Assessment Type: ASUS-R AUI DUSR

If ASUS-R administered, service level suggestion: _____

Counselor Statement:

I acknowledge that I have conducted a comprehensive drug and alcohol assessment and that I am licensed to provide substance abuse treatment services in my state. I have reviewed the appropriate identification to ensure the identity of the person I have interviewed.

Counselor/Clinician signature: _____

Counselor/Clinician Name: _____

Counselor/Clinician credentials (State licensed and license #): _____

NPI: _____

Email: _____ Phone Number: _____