The HealthPlan

CONCURRENT OR DISCHARGE REVIEW INFORMATION

Please fax to: Behavioral Health Unit Toll Free: 1.866.616.6255

Today's Date:	
Patient Name:	
ID #:	Date of Birth:
Referring Physician:	
Admitting Physician:	

UTILIZATION REVIEW CONTACT	
Name:	Phone Number:
Information Submitted By:	
Fax:	Date of Review:
Facility Name:	
Admission Date:	Room Number:

ASSESSMENT	
Clinical Disorders/Syndromes	Diagnoses Code:
Personality Disorders/Intellectual Disabilities	Diagnoses Code:

Relevant Medical Issues/Physical Problems

Does the patient have a current medical condition linked to the Axis 1 or 2 diagnoses?

☐ Yes ☐ No Describe:

Psychosocial Stressors

Please indicate the severity of current Psychosocial Stressors:

☐ None ☐ Mild ☐ Moderate ☐ Severe

GAF Score Highest Past Year: Current:

The HealthPlan

CHANGES IN MEDICATION:

CURRENT TREATMENT/SERVICES:

RISK ASSESSMENT:				
Suicidal Ideation	☐ Ideation	☐ Plan	☐ Intent	☐ None
Homicidal Ideation	☐ Ideation	☐ Plan	☐ Intent	☐ None

MENTAL STATUS:

SYMPTOMS/BEHAVIORS:

PROGRESS MADE IN THE PROGRAM:

Anticipated Discharge Date (if applicable):			
Follow-Up Appointment(s) Scheduled:			
Discharge Address:			
Discharge Phone:			

DISCHARGE GOALS:

BARRIERS TO DISCHARGE:

OTHER INFORMATION:

HAS THE MEMBER CREATED A TAKE HOME RECOVERY PLAN FOR SUPPORT UPON DISCHARGE?
☐ Yes ☐ No

REVIEWED 08/23/2018