



ADMISSION REVIEW INFORMATION

Please fax to: Behavioral Health Unit Toll Free: 1.866.616.6255

ADMISSION REVIEW INFORMATION

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

UTILIZATION REVIEW CONTACT

Name: _____ Date of Review: _____
Fax: _____ Phone: _____
Information Submitted by: _____
Facility: _____
Admission Date: _____ Admission Time: _____

TYPE OF ADMISSION

- | | |
|---|---|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Transfer from Another Unit |
| <input type="checkbox"/> Elective Admission | <input type="checkbox"/> Outpatient/Office |
| <input type="checkbox"/> Urgent Admission | |

LEVEL OF CARE

- | | |
|---|--|
| <input type="checkbox"/> Observation | <input type="checkbox"/> Crisis Stabilization |
| <input type="checkbox"/> Chemical Dependency Intensive Outpatient | <input type="checkbox"/> Inpatient |
| <input type="checkbox"/> Partial Hospitalization | <input type="checkbox"/> Inpatient Rehab Program |
| <input type="checkbox"/> Detox | <input type="checkbox"/> Intensive Outpatient |

ASSESSMENT

Clinical Disorders/Syndromes Diagnosis Code: _____
Personality Disorders/Intellectual Disabilities Diagnosis Code: _____



ASSESSMENT:

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: _____

Risk Assessment

Suicidal Ideation ☐ Ideation ☐ Plan ☐ Intent ☐ None

Homicidal Ideation ☐ Ideation ☐ Plan ☐ Intent ☐ None

ADMISSION CHIEF COMPLAINT:

PRECIPITATING FACTORS:

ACTIVE PSYCHIATRIC SYMPTOMS:

PERTINENT LAB RESULTS:



MENTAL STATUS:

CURRENT PSYCHOTROPIC HOME MEDICATIONS:

CURRENT BEHAVIORAL HEALTH SERVICES & PROVIDERS:

ADLS (EX: AMBULATION, SLEEP, APPETITE):

SUBSTANCE USE DISORDER ISSUES:

LEGAL ISSUES:

EDUCATIONAL AND FAMILY/SUPPORT COMPONENTS: