SUBSTANCE USE DISORDER ADMISSION REVIEW INFORMATION

Please fax to: Behavioral Health Unit Toll Free: 1.866.616.6255

ADMISSION REVIEW INFORMATION

Today's Date: _____

Patient Name: _____

ID #: _____ Date of Birth: _____

Referring Physician: _____

Admitting Physician:

UTILIZATION REVIEW CONTACT

Name: _____

Phone Number: _____ Fax: _____

Information Submitted By: _____

Date of Review: _____

Facility Name: _____

Admission Date: Time:

TYPE OF ADMISSION

☐ Emergency Room ☐ Urgent Admission

☐ Elective Admission ☐ Transfer From Another Unit

☐ Outpatient/Office 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:

The HealthPlan

ASSESSMENT (cont.)
Psychosocial Stressors Please indicate the severity of current Psychosocial Stressors: ☐ None ☐ Mild ☐ Moderate ☐ Severe GAF Score Highest Past Year: Current:

ADMISSION CHIEF COMPLAINT/CURRENT SUBSTANCE USE DISORDER/HISTORY OF SUBSTANCE USE DISORDER:

PRECIPITATING FACTORS/TRIGGERS:

ACTIVE PSYCHIATRIC SYMPTOMS/BEHAVIORAL HEALTH HISTORY IF APPLICABLE:

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

PERTINENT LAB RESULTS (ROUTINE/ABNORMALS); (U-TOX RESULTS AND DATES):

The HealthPlan

OTHER PERTINENT DIAGNOSTIC RESULTS, FOR EXAMPLE: SUBSTANCE USE DISORDER SCALES/SCORES (COWS, CEWA, ASAM DIMENSIONS, ETC.):

MENTAL STATUS:

CURRENT PSYCHOTROPIC HOME MEDICATIONS:

DETOX ONLY VITAL SIGNS:				
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date: _____	BP: _____	P: _____	R: _____	T: _____
Date:	BP:	P:	R:	T:

CURRENT SUBSTANCE USE DISORDER & PROVIDERS/PAST SUBSTANCE ABUSE TREATMENT:

ADLS (EX: AMBULATION, SLEEP, APPETITE):

The HealthPlan

SUBSTANCE ABUSE ISSUES/ACUTE/POST ACUTE SYMPTOMS:

LEGAL ISSUES:

INITIAL ORDERS/TREATMENT:

REQUESTED LEVEL OF CARE:

- ☐ Medically managed Intensive Inpatient Services
- ☐ Medically monitored Intensive Inpatient Services
- ☐ Clinically managed High-Intensity Residential Services
- ☐ Clinically managed Population specific high-intensity residential services
- ☐ Clinically managed low-intensity Residential services
- ☐ Partial hospitalization
- ☐ Intensive Outpatient Treatment
- ☐ Chemical Dependency Intensive Outpatient Treatment
- ☐ Outpatient Services
- ☐ Early intervention
- ☐ Observation

EDUCATIONAL AND FAMILY/SUPPORT COMPONENTS:

REVIEWED 08/23/2018