

Name
Date
LOC Requested
Facility

Dimension 1: Current Withdrawal Symptoms
Dimension 2: Biomedical Issues
Dimension 3: Emotional Behavior
Dimension 4: Treatment Acceptance/Resistance
Dimension 5: Relapse Potential
Dimension 6: Recovery Environment

Education/Occupation

Potential Disposition Barriers/Follow-up Plan/Interventions

Domestic Violence/Smoking Cessation Screening

Note Any Change in Diagnosis

Axis I
Axis II
Axis III
Axis IV
Axis V

Documentation of Specific Medical Necessity Criteria Used and Met (PCPC/ASAM)

Authorization with # of Days