

Name
Date
Type of Review
Level of Care Requested/Referral Source/Diversion Considered
Facility
Commitment Status
PCP

Identifying Information/Who Accompanied Member

Presenting Problem/Current Mental Status/ /Cognitive Functioning/Assessment of Dangerousness

Substance Abuse History/Dual Diagnosis Assessment (MISA)

Medical Status/Clearance:

Current/History Psychiatric Treatment/Medications/Case Management

Legal Status

Potential Disposition Issues/Housing/Family and Community Supports

Admitting Diagnosis per current DSM-IV-TR Manual:

- Axis I
- Axis II
- Axis III
- Axis IV
- Axis V

Documentation of Specific Medical Necessity Criteria Used and Met

Authorization with # of Days