

Name
Date
Level Of Care Requested
Facility
Attending Physician and Phone Number
Facility UM Contact
PCP Contacted
Change in Commitment Status

Cognitive Functioning/ Current Mental Status

Medical Status Update Including PCP Notification

Names of Medications and Dosages

Participation in Treatment

Treatment Plan/Expectations for Continued Stay

Evidence of Appropriate Transition Planning and Disposition Issues Including Dual Diagnosis

Barriers to Planned Follow-up and Interventions to Address Barriers

Family/Support System Involvement

Education/Occupation

Domestic Violence/Smoking Cessation Screenings

Medication Education of Member and Family

Change in Diagnosis:

Axis I

Axis II

Axis III

Axis IV

Axis V

Documentation of Specific Medical Necessity Criteria Used and Met

Authorization with # of Days