The HealthPlan

# 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: |
| Information Submitted By: | |
| Fax: | 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: | |

The HealthPlan

| 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:

**Psychosocial Stressors**

Please indicate the severity of current Psychosocial Stressors:

☐ None ☐ Mild ☐ Moderate ☐ Severe

GAF Score Highest Past Year: Current:

| ADMISSION CHIEF COMPLAINT: |
|---|
| |

| PRECIPITATING FACTORS: |
|---|
| |

| ACTIVE PSYCHIATRIC SYMPTOMS: |
|---|
| |

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

| PERTINENT LAB RESULTS: |
|---|
| |

| OTHER 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: |
| --- |
| |

| REQUESTED LEVEL OF CARE: | |
| --- | --- |
| ☐ Observation | ☐ Crisis Stabilization |
| ☐ Chemical Dependency Intensive Outpatient | ☐ Inpatient |
| ☐ Partial Hospitalization | ☐ Inpatient Rehab Program |
| ☐ Detox | ☐ Intensive Outpatient |

| EDUCATIONAL AND FAMILY/SUPPORT COMPONENTS: |
| --- |
| |

REVIEWED 08/23/2018