



Instructions

- Complete this form in its entirety.
- Once the member is discharged and no additional days are needed, fax the discharge to 1-844-522-9881 within 24 hours.

Submit by fax to:

1-844-522-9881

Retain a copy of the fax confirmation for your records.

Review Information

UR Name: _____

Date: _____

Facility Name: _____

UR Fax: _____

Provider Name: _____

Facility NPI: _____

ASAM LOC: _____

Provider NPI: _____

UR Phone: _____

Member Information

Full Name: _____

Emergency Contact Name: _____

Medicare ID: _____

Emergency Contact Phone: _____

Birth Date: _____

Clinical Information

DIM 1: (Acute intoxication and or withdrawal potential) _____

DIM 2: (Biomedical conditions and complications) _____

DIM 3: (Emotional, behavioral, or cognitive conditions and complications) _____

DIM 4: (Readiness to change) _____

DIM 5: (Relapse, continued use, or continued problem potential) _____

DIM 6: (Recovery living environment) _____

Drug of choice (include drug, amount, frequency, 1st use and last use): _____

Sober Supports: _____

Sober Time: _____

Why Now (current motivation): _____

Date and Results of Urine Drug Screen:

CIWA/COWS:

Goals/Treatment Plan:

Goals That Have Been Completed (If This Is A Concurrent Review):

Medications

Name	Dose/Frequency	Initiation
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission

Discharge Planning

Discharge Plan:

Any barriers to successful discharge:
