



Facility:	Tel#:	Ext:
Person completing this form:	Fax#	

Member Information		
Name:	Member #:	DOB/Age:

Current Diagnosis:
Axis I:
Axis II:
Axis III:
Axis IV:
Axis V:

Dimension 1: Acute Intoxication and/or Withdrawal	Risk Level:
<p>Last Use Date:</p> <p>Are there any current withdrawal concerns? If yes, current withdrawal concerns include:</p> <p>Was member given any w/d medications?</p>	

Dimension 2: Biomedical Conditions and Complications	Risk Level:
<p>Current Medical concerns:</p> <p>Current medical medications:</p> <p>Current medical concerns that require 24 hour care:</p>	

Dimension 3: Emotional, Beh or Cognitive Conditions/Complications	Risk Level:
<p>Unresolved symptoms as reported by member:</p>	
<p>Current MH meds/dosage:</p>	
<p style="padding-left: 40px;">When they were started</p>	
<p style="padding-left: 40px;">What they are prescribed for:</p>	
<p>Has the member recently considered suicide? (If yes, is there a current plan or intent?)</p>	
<p>Current self injurious behavior? Is the member currently a danger to them self or others?</p>	
<p>Is the member currently able to care for them self on the unit?</p>	
<p>Treatment plan goals that have been accomplished in this dimension:</p>	
<p>Treatment plan goals that have yet to be accomplished:</p>	
<p>Why is the member not able to step down from a 24 hour supervised setting, to a lower level of care at this time?</p>	
<p>Current discharge planning to address problems in this dimension include:</p>	

Dimension 4: Readiness to Change	Risk Level:
<p>Member's current barriers of participation:</p>	
<p>Is the member showing motivation for treatment? If so, how:</p>	
<p>Does the member believe they are chemically dependent? Why or why not?</p>	
<p>Is the member able to identify their consequences of use? Examples:</p>	
<p>Has the member participated in all aspects of treatment?</p>	

Treatment plan goals that have been accomplished in this dimension:

Treatment plan goals that have yet to be accomplished:

Why is the member not able to step down from a 24 hour supervised setting, to a lower level of care at this time?

Current discharge planning to address problems in this dimension include:

Dimension 5: Relapse, Continued Use or Continued Problem Potential

Risk Level:

What coping skills has the member obtained to avoid relapse?

What relapse triggers has the member identified?

Treatment plan goals that have been accomplished in this dimension:

Treatment plan goals that have yet to be accomplished:

Why is the member not able to step down from a 24 hour supervised setting, to a lower level of care at this time?

Current discharge planning to address problems in this dimension include:

Dimension 6: Recovery Environment

Risk Level:

Where is the member being discharged to? If unknown, why?

Are friends/family member's supportive of the member's recovery? (If yes, whom?)

Has the member's family participated in their recovery? How?

How are any concerns regarding the member's home being addressed?

Has the member participated in on or off site AA/NA meetings?
Obtained a sponsor?
Found home meetings?

Does the member have friends/family that are supportive of their recovery?

Treatment plan goals that have been accomplished in this dimension:

Treatment plan goals that have yet to be accomplished:

Why is the member not able to step down from a 24 hour supervised setting, to a lower level of care at this time?

Current discharge planning to address problems in this dimension include:

Additional Information:

Level of Care Requested:

Number of additional days requested (include dates or OP hours):

Admit date:

Estimated Discharge date:

Please attach progress notes or other pertinent clinical information for review.

Request for Authorization to HPBH Dept: Fax: 952-853-8830, BH Triage line: 952-883-7501