**Please fax completed review to Optum at (888) 687-2515. Thank you.**

|  |  |
| --- | --- |
| Review Date  | Click or tap here to enter text. |
| Facility Name | Click or tap here to enter text. |
| Client Name | Click or tap here to enter text. |
| Client Date of Birth | Click or tap here to enter text. |
| Treating Psychiatrist | Click or tap here to enter text. |
| Date Admitted | Click or tap here to enter text. |

**Required attachments:**

* **Monthly psychiatrist notes for period being reviewed**
* **Updated Care Plan for psychiatric symptoms/behaviors including progress towards goals this quarter**
* **Medication List, including PRNs administered**

Helpful attachments:

* Nursing and social work notes for period being reviewed

1. Current Diagnoses ICD-Code

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

2. High Risk Behaviors During Review Period

|  |  |  |  |
| --- | --- | --- | --- |
| Behavior Type | Number of Incidents | Date(s) of Incident(s) | Situation, Intervention Applied, and Client Response |
| Assault/Threats | Text | Text | Text |
| Property Destruction | Text | Text | Text |
| AWOL | Text | Text | Text |
| Substance Use | Text | Text | Text |
| Sexual Acting Out | Text | Text | Text |
| Use of Seclusion | Text | Text | Text |
| Use of Restraints | Text | Text | Text |
| Self-Injurious | Text | Text | Text |
| Suicide Risk | Text | Text | Text |
| Other  | Text | Text | Text |

3. Medical Issues, Including Exacerbation of Chronic Medical Issues

|  |  |  |  |
| --- | --- | --- | --- |
| Medical Issue | Number of Incidents Since Last Review | Type of Incidents Since Last Review | Intervention Applied and Client’s Response |
| Text | Text | Text | Text |
| Text | Text | Text | Text |
| Text | Text | Text | Text |
| Text | Text | Text  | Text |
| Text | Text | Text | Text |

4. Completion of ADLs (Hygiene, bathing, clothing, meals)

|  |  |  |
| --- | --- | --- |
| Ambulation | [ ]  With Assistance [ ]  Without Assistance  | Average Completion per Week: Text  |
| Showers/Bathing | [ ]  With Assistance [ ]  Without Assistance  | Average Completion per Week: Text  |
| Clean, Appropriate Clothing | [ ]  With Assistance [ ]  Without Assistance  | Average Completion per Week: Text  |
| Meals  | [ ]  With Assistance [ ]  Without Assistance  | Average Completion per Week: Text  |

5. Participation in Program Activities and Groups

|  |  |
| --- | --- |
| Mental Health Groups | Average numbers of groups attended per week: Text |
| Actively Participating? | [ ]  Yes [ ]  No |
| Check Topics of Groups Attended | [ ]  Psychiatric symptom management[ ]  Improved cognitive, behavioral, and interpersonal coping[ ]  Substance use recovery groups focused on abstinence, coping skills,  and relapse prevention skills[ ]  Other: Click or tap here to enter text. |
| Recreational Groups | Average number of groups attended per week: Text |
| Actively Participating? | [ ]  Yes [ ]  No |
| Check Topics of Groups Attended | [ ]  Re-training in activities of daily living and social skills[ ]  Preparation for re-entry into the mainstream community[ ]  Social and dining[ ]  Information regarding vocational training opportunities, as appropriate[ ]  Money management[ ]  Facility supervised outings[ ]  Other: Click or tap here to enter text. |
| Comments | Click or tap here to enter text. |

6. Client’s Presentation and Progress

|  |  |
| --- | --- |
| Mental Status Exam Completed on this Date | Click or tap here to enter text. |
| Consciousness | [ ]  Alert [ ]  Lethargic [ ]  Somnolent [ ]  Stuporous [ ]  Other: Text |
| Orientation | [ ]  Intact [ ]  Impaired |
| Appearance | [ ]  Neat [ ]  Casual [ ]  Unkempt [ ]  Odoriferous [ ]  Other: Text |
| Attitude | [ ]  Cooperative [ ]  Uncooperative [ ]  Guarded [ ]  Other: Text |
| Attention/Concentration | [ ]  Good [ ]  Fair [ ]  Poor |
| Psychomotor | [ ]  Normal [ ]  Slowed [ ]  Activated [ ]  Agitated [ ]  Involuntary Movements |
| Eye Contact | [ ]  Good [ ]  Fair [ ]  Poor |
| Speech | [ ]  Normal [ ]  Pressured [ ]  Rapid [ ]  Loud [ ]  Slowed [ ]  Soft[ ]  Paucity [ ]  Mute [ ]  Slurred [ ]  Other: Text |
| Mood | [ ]  Euthymic [ ]  Depressed [ ]  Elevated [ ]  Anxious [ ]  Irritable [ ]  Other: Text |
| Affect | [ ]  Appropriate/Full [ ]  Blunted/Flat [ ]  Constricted [ ]  Inappropriate [ ]  Other: Text |
| Memory | [ ]  Intact [ ]  Impaired |
| Intelligence | [ ]  Average [ ]  High [ ]  Borderline [ ]  Low |
| Thought | [ ]  Logical [ ]  Goal-directed [ ]  Concrete [ ]  Circumstantial [ ]  Tangential [ ]  Poverty [ ]  Loose Associations [ ]  Blocking [ ]  Slow [ ]  Paranoid Ideation [ ]  Grandiosity [ ]  Delusions [ ]  Other: Text |
| Perception | [ ]  Normal [ ]  Hallucinations [ ]  Ideas of Reference: Text |
| Insight/Judgement | [ ]  Good [ ]  Fair [ ]  Poor |
| Suicidal Ideations | [ ]  No [ ]  Yes [ ]  Plan [ ]  Intent [ ]  Means |
| Homicidal Ideations | [ ]  No [ ]  Yes [ ]  Plan [ ]  Intent [ ]  Means |
| Summary of client’s progress and individual interventions utilized |
| Click or tap here to enter text. |

7. Discharge Planning

|  |  |
| --- | --- |
| Check what occurred during this review period | [ ]  Linkage to community-based organization[ ]  Updated Care Plan[ ]  Improvement shown as documented in their Care Plan[ ]  Improved functional behavior[ ]  Stabilization of medication[ ]  Reduced medication levels, as appropriate[ ]  Stabilization from acute psychiatric symptoms[ ]  Reduction of psychiatric symptoms or concerns[ ]  Collaboration with case manager[ ]  Benefiting from psychosocial programming |
| Please add any additional comments |
| Click or tap here to enter text. |

8. Justification for Continued Stay/Barriers to Discharge

|  |  |
| --- | --- |
| Check what occurred during this review period | [ ]  Medication refusals[ ]  Need for psychiatric PRNs[ ]  Aggression/Agitation[ ]  Ongoing paranoia/Delusional thought content[ ]  Ongoing depression/SI[ ]  Impaired ability to attend to ADLs due to psychiatric illness[ ]  Poor insight and judgment |
| Please describe including additional staff support needed |
| Click or tap here to enter text. |