

## Behavioral health review outlines

### Initial review:

- Name of patient and ID number
- Admission date
- If readmission in last 30 days: date of most recent discharge
- Level of care
- Utilization review name and phone number
- Attending physician and phone number
- Patient home phone number
- Alternate patient number
- Axis I
- Axis II
- Axis III
- Axis IV
- Axis V
- Presenting problem/symptoms
- Substance abuse/chemical dependency issues
- Estimated length of stay
- Treatment history: outpatient provider, credentials and phone number
- Medications
- Medical history
- Vital signs/relevant lab results
- Psychosocial
- Support systems
- Treatment plan
- Discharge plans

### Concurrent review:

- Current level of care
- Utilization review name and phone number
- Attending physician and phone number
- Diagnosis changes
- Current symptoms
- Progress
- Medication changes
- Vital signs/relevant lab results
- Psychosocial changes
- Support system changes
- Additional treatment plan information
- Additional discharge plan information
- Number of additional days/hours/visits requested
- If using voicemail: name and telephone number

Discharge:

- Discharge date
- Level of care patient referred from
- Discharge diagnosis
- Discharge medications
- Patient's daytime phone number
- Patient's evening phone number
- Patient's cell/alternate phone number
- Describe the discharge plan
- Level of care patient referred to
- Follow-up appointment set prior to discharge
  - If not: reason for lack of appointment
- Provider's name and credentials for follow-up appointment
- Date of follow-up appointment
- Provider's telephone number
- Additional discharge information
- Employee assistance program referral/involvement