American Behavioral

AMERICAN BEHAVIORAL CONTINUED STAY REVIEW FAX FOR SUBSTANCE ABUSE TREATMENT
Telephone: (205) 871-7814
Fax Completed Information To: (205) 868-9625

Patient Name: **Patient Phone # *(Required)*:**	**Contract Name:** **ID#**	**DOB:** **Date of Admission**
Facility Name: **Date of Review:**	**Program Type: ☐ IP ☐ PHP ☐ IOP ☐ Residential** **Estimated Length of Stay:**	**Attending MD:** **Attending MD Phone #:**

1. Present Mental Status:

2. Any Current Cravings Noted? ☐ YES ☐ NO

3. Any Signs or Symptoms of Withdrawal? ☐ YES ☐ NO If So, Please Explain:

4. Urine Drug Screen ☐ YES ☐ NO Date: Results:

5. Are Vital Signs Stable? ☐ YES ☐ NO If Not, Please Explain:

6. Changes In Medications:

7. Please List Any New Clinical Information (i.e. Psych Testing Results, Etc.)

8. Are There Any Life-Threatening Toxic Effects? ☐ YES ☐ NO If So, Please List:

TREATMENT INFORMATION AND COMPLIANCE—If The Answer To Any of The Below Is "No," Please Explain

1. Has Patient Found a Sponsor? ☐ YES ☐ NO If So, Is The Sponsor Temporary Permanent

2. How Many Days Per Week Is The Patient Required To Attend Treatment?
3. Is The Patient Attending All Days? ☐ YES ☐ NO
4. Has Patient Completed And Turned In All Required Work? ☐ YES ☐ NO
5. Is Patient Participating And Verbalizing In Group/Individual Therapy? ☐ YES ☐ NO
6. Please Describe Overall Progress In Therapy:

7. Has Patient Attended Required Outside AA Meetings? ☐ YES ☐ NO
8. Can Effective Treatment Be Rendered At A Lower Level of Care? ☐ YES ☐ NO

PATIENT SUPPORT SYSTEM

☐ Single ☐ Married ☐ Divorced ☐ Widowed
What Is Patient Support System At This Time?

Has The Family/Support System Attended Any Family Education And Support Sessions? ☐ YES ☐ NO

DISCHARGE PLAN:

Post-Discharge, What Will Patient's Living Arrangement Be (i.e. home, halfway house, etc.)?

***Required*: After Care Plan (Including Follow-up Instructions and D/C Medications):**

UR Contact:	**Phone #:**	**Fax #:**

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Date of Next Review: **Total Days Certified:**

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Payment of benefits is subject to eligibility at the time services are rendered according to the terms of the benefit contract. ***Revised 12.22.16***