



Outpatient Detoxification Service Request Form

Phone Number: 1-800-818-5837 Fax Number: 1-866-617-4967

Section 1 Member Information			
Member Name: (Last, First, MI)	Date of Birth: / /	Member I.D:	
Address: (No., Street, City, State, Zip)		Phone Number: ()	
Sex:	Date submitted:		
Age:	Date of admission:		
Section 2 Facility Information			
Facility Name: Contact Person:	Address:	Phone Number: ()	Fax Number: ()
TPI: NPI:	Is Member court ordered: <input type="checkbox"/> Yes <input type="checkbox"/> No Referral Source: <input type="checkbox"/> Admitting MD <input type="checkbox"/> MH Professional <input type="checkbox"/> Other (list):		
For admission complete all sections except section 7			
Section 3 Criteria for Admission			
The individual is expected to have a stable withdrawal from alcohol/drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No	Stable vital signs without a history of past acute withdrawal syndromes: <input type="checkbox"/> Yes <input type="checkbox"/> No		
No history of recent seizures or past history of seizures on withdrawal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Absence of any presumed new asymmetric and/or focal findings: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Disorientation to self: <input type="checkbox"/> Yes <input type="checkbox"/> No	Altered level of consciousness: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alcoholic hallucinations: <input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical condition allows for a comprehensive assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Toxic psychosis: <input type="checkbox"/> Yes <input type="checkbox"/> No	Absence of serious disulfiram-alcohol (Antabuse) reaction: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section 4 Family, social, academic function			
Client's social system/significant others are supportive of recovery to the extent that the client can adhere to a treatment plan and treatment service schedules without substantial risk of reactivating the client's addiction: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Client's family/significant others are willing to participate in the ambulatory detoxification treatment program: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Client has the social skills to obtain such a support system and/or become involved in a self-help fellowship: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Client lives in environment where licit/illicit mood altering substances are used: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 5 Emotional/behavioral status			
Client if coherent, rational, and oriented for treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Client can comprehend and understand the materials presented: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Client can participate in ambulatory detoxification treatment process: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Client expresses an interest to work toward detoxification treatment goals: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Client has no neurological, psychological, or uncontrolled behavior that places the individual at imminent risk of harming self or others: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Client has not mental confusion and/or fluctuating orientation: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 6 Recent chemical substance use			
Client's chemical substance use is excessive and the client has attempted to reduce or control it, but has been unable to do so: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Client is motivated to stop using alcohol/drugs and is in need of supportive structured treatment program to facilitate withdrawal from chemical substances: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 7 Continued Stay Criteria for Ambulatory Detoxification (Complete only sections : 1, 7, 8 and 9 if additional detoxification days are needed)			
Client, while psychically abstinent from chemical substance use, exhibits incomplete stable withdrawal from alcohol/drugs, evidenced by psychological and physical cravings: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Client, while psychically abstinent from chemical substance use, is exhibiting incomplete stable withdrawal from alcohol/drugs, as evidenced by significant drug levels: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Documentation in the medical record indicated an intervening medical or psychiatric event which was serious enough to interrupt ambulatory detoxification treatment, but the client is again progressing in treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 8 Diagnosis (DSM)			
Axis I:	Axis II:		
Axis III:	Axis IV:	Axis V:	
Section 9 Number of Detoxification days requested:			
Authorization #:	Date:		
Signature:	Provider license number:		