MAGELLAN HEALTH SERVICES

REQUEST FOR RESIDENTIAL TREATMENT SERVICES

AGENCY NAME /CALLER AND PHONE #:

AGENCY MIS #

MEMBER'S NAME:ID# **DOB:** **PRTF REQUESTED:**

ADMIT DATE:

HISTORY AND CURRENT STATUS OF CUSTODY AND GUARDIANSHIP, DFCS INVOLVEMENT IN CUSTODY, DJJ COMMITMENTS, PARENTAL CUSTODY AND ANY OTHER CUSTODY ISSUES:

BASED ON THE CURRENT & HISTORICAL CLINICAL INFORMATION, EXPLAIN WHY PRTF SERVICES ARE THE MOST APPROPRIATE LEVEL OF CARE:

AXIS I:

AXIS II:

AXIS III:

REFERRAL SOURCE (*IE; DJJ, DFCS, SCHOOL, PARENTS*, IS THIS SERVICE BEING MANDATED BY THE COURT):

PRESENTING PROBLEM/CLINICAL STATUS :

CURRENT BEHAVIORS AT HOME/SCHOOL):

SUICIDE OR HOMICIDE (IE; HISTORY OR CURRENT SI/HI?):

SAFETY / RISK ASSESSMENT/SAFETY PLAN:

PRIOR MH AND /OR SA OP TREATMENT (PROVIDE SPECIFIC INFO ON EACH ITEM BELOW FOR EACH EPISODE OF OP TREATMENT), INCLUDE THE FOLLOWING:

TYPE OF TREATMENT, SPECIFIC PROVIDER (S) AND DURATION OF TREATMENT (APPROXIMATE DATES):

IS TREATMENT STILL IN PROGRESS? **IF NOT, WHY NOT?:**

PRIOR INPATIENT MH AND/OR SA TREATMENT (PROVIDE SPECIFIC INFO ON EACH ITEM BELOW FOR EACH ADMISSION):

TYPE OF TREATMENT, SPECIFIC PROVIDER (S) AND SPECIFIC ADMIT AND DC:

REASON FOR ADMISSION:

CONSUMER RESPONSE TO INPATIENT TREATMENT:

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THE EXPECTED DURATION OF RESIDENTIAL TREATMENT REQUIRED FOR THE MEMBER TO ACHIEVE GOALS NECESSARY FOR THE MEMBER TO BE DISCHARGED TO A LOWER LEVEL OF CARE:

BARRIERS TO AFTERCARE:

PRIOR RESIDENTIAL MH AND/OR SA TX. (PROVIDE SPECIFIC INFO ON EACH ITEM BELOW FOR EACH ADMISSION) TYPE OF TREATMENT, SPECIFIC PROVIDER (S) AND SPECIFIC ADMIT AND DC:

REASON FOR ADMISSION:

CONSUMER RESPONSE TO TREATMENT:

AFTER CARE PLAN AND MEMBER RESPONSE AND PARTICIPATION IN AFTERCARE:

BARRIERS TO AFTERCARE:

OTHER PRIOR MH / SA SERVICES (FACILITY BASED PHP/IOP; MH / SA REHAB SERVICES PROVIDED THROUGH COMMUNITY SERVICE BOARDS OR OTHER AGENCIES; OTHER TYPES OF MH/SA SERVICES).

PROVIDE SPECIFIC DATES OF SERVICE, PROVIDERS, OUTCOMES:

BARRIERS:

PRIOR TRIALS ON PSYCHOTROPIC MEDICATIONS (PROVIDE SPECIFIC INFO ON EACH ITEM LISTED BELOW FOR EACH MEDICATION)

NAME OF MEDICATION:

DATES :

DOSAGES :

COMPLIANCE :

BARRIERS :

RESPONSE :

PRIOR AND/OR CURRENT INVOLVEMENT WITH LEGAL / JUDICIAL SYSTEM (DATES & NATURE OF INVOLVEMENT):

CURRENT MEDICATIONS *(MEDICAL AND PSYCHIATRIC MEDS):*

BASED ON THE CURRENT & HISTORICAL CLINICAL INFORMATION, EXPLAIN WHY PRFT SERVICES ARE THE MOST APPROPRIATE LEVEL OF CARE:

PROVIDE SPECIFICS AS TO HOW THE FAMILY OR OTHER CARE/GIVER TO WHOM THE MEMBER WILL BE DISCHARGED WILL PARTICIPATE IN THE ADMISSION, TREATMENT GOALS AND DISCHARGE PLANNING PROCESS:

DETAIL HOW THE FOLLOW UP PROVIDERS WILL BE ENGAGED THE WITH MEMBER, PARTICIPATE IN TREATMENT TEAM MEETINGS DURING THE COURSE OF THE MEMBER'S ADMISSION INCLUDING THE NATURE, FREQUENCY, AND GOALS OF THAT INVOLVEMENT:

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