**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. | |