



Outpatient Information for Residential Treatment Requests

Provider Name: _____ Contact Number: _____

Beneficiary ID: _____ Last Name: _____ First Name: _____

Date Form Completed: _____

Psychiatric diagnoses during outpatient treatment: _____

Problems/Behaviors addressed in treatment plan: _____

What progress/improvements observed (explain)? _____

Client/family strengths (include natural supports): _____

List all agency contacts that are currently involved in the client's case (please include phone numbers): _____

Date client last attended individual therapy session: _____

Are sessions routinely missed? _____

Date client and family attended last family therapy session: _____

Is family active and involved? _____

Date client attended last medication management session: _____

Are medications being refused? _____

How often is client seen for medication management? _____

Was Crisis Intervention provided within the last 6 months to the client or family? _____

Was there a positive outcome (describe)? _____



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Frequency of:

a) Individual therapy from LMHP: _____ Total # of sessions within last 90 days: _____

b) Family therapy sessions from LMHP: _____ Total # of sessions within last 90 days: _____

Other OP services received (frequency & type - i.e. case management, rehab day, community supports): _____

Describe the current symptoms client is displaying in the school, community and at home that cannot be managed safely in an outpatient treatment setting (specify if behavior(s) only occur in a specific setting): _____

List type(s) and date(s) of serious physically aggressive or destructive acts committed by the client in the last 30 days: _____

Legal charges? _____ Describe (reason/type): _____

List the dates and length of stay of any acute hospitalizations in the last 12 months: _____

What will occur in a residential setting to support client return to family/community? _____

Outpatient Clinic Name: _____ City/Location: _____

Name of Therapist: _____

Signature of Therapist: _____ Date: _____

Additional documents may be submitted to support the request.