

Medications- List all Medical and Behavioral Medications (provider should be able to give current Meds, approximate start dates, and also medications tried by history; for any changes provider should comment on rationale for changes)

Medication	Dose	Begin Date	End Date	Prescribing Physician/Specialty	Response <i>(response to prescribed dosage, was medication increased or decreased or discontinued, side effects, etc.)</i>

If unable to obtain the medication information from provider, please request the provider obtain this information and indicate deadline that provider should have this back to UM.

Provider Unable to give Medication detail Yes No Date provider to have this information submitted to UM:

Are there any Medical Issues identified? Yes No If yes, describe:

Is coordination occurring between psychiatric provider and primary care provider? Yes No

(If no, Care Manager should recommend this coordination occur and document this recommendation)

Date of Last Primary care provider visit:

What the Current Treatment goals? (Goals should be person centered)

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If not progressing towards goals what changes are being made?

Discharge Plan: (Should be discussed on admission as D/C planning begins at admission)

What attempts are being made for reunification or placement in a family setting?

(This is for children placed in residential settings)

Anticipated Discharge Date:

(this must be individualized, not based on an individual provider's "program")

Client Name: CI#