

Network Health Plan Outpatient Treatment Report for AODA Services - Initial

To request AODA treatment sessions, please complete and fax this form to NHP at (920) 720-1903.
Address: Behavioral Health Care Management Department Network Health Plan 1570 Midway Place Menasha, WI.54952
Provider questions: (920) 720- 1340 or (800) 555-3616

Client Name: _____ Axis I: _____
Date of Birth: _____ Age: _____ Axis II: _____
Member #: _____ Axis III: _____
Therapist name: _____ Axis IV: _____
Assessment Date: _____ Axis V:GAF: _____
Substance(s) of Abuse? _____ Amt/Freq of use: _____ Last use: _____

Safety Risk: For the following, check all that have occurred in the last week:

- | | |
|--|--|
| <input type="checkbox"/> Suicidal/homicidal ideation | <input type="checkbox"/> Arrest/confirmed illegal activity |
| <input type="checkbox"/> Family/Intimate partner violence | <input type="checkbox"/> Impulsive/Disruptive behavior |
| <input type="checkbox"/> Depressed or anxious with associated symptoms | <input type="checkbox"/> Dealing illegal substances |
| <input type="checkbox"/> Preoccupation with death/violence | <input type="checkbox"/> Stealing/selling possessions to support use |
| <input type="checkbox"/> Self mutilation | <input type="checkbox"/> Gambling to support use |
| <input type="checkbox"/> Increased irritability/angry outbursts | <input type="checkbox"/> Found with drugs/paraphernalia |
| <input type="checkbox"/> Unexplained injury/accident/fall | <input type="checkbox"/> Amnesia or blackout |
| <input type="checkbox"/> Lying, manipulating drug seeking behavior | <input type="checkbox"/> Reckless/daredevil behavior |
| <input type="checkbox"/> At risk of loss of: (residence? health? license?) _____ | |

Functional Impairment: For the following, check all that have occurred in the last month:

- | | | |
|--|---|---|
| Legal: <input type="checkbox"/> arrested for domestic disturb | <input type="checkbox"/> arrested for illegal activity | <input type="checkbox"/> restraining order in place |
| Socially: <input type="checkbox"/> withdrawn | <input type="checkbox"/> increased withdrawal | <input type="checkbox"/> decreased social contacts |
| Interactions: <input type="checkbox"/> nonverbal or hostile | <input type="checkbox"/> threatening, accusatory | <input type="checkbox"/> occasional arguments |
| Partner/S.O: <input type="checkbox"/> has left relationship | <input type="checkbox"/> threatens to leave | <input type="checkbox"/> suggests/demands treatment |
| Social setting: <input type="checkbox"/> change in caregiver | <input type="checkbox"/> school transfer | <input type="checkbox"/> relocation |
| Dependents: <input type="checkbox"/> neglected, exposed to risk | <input type="checkbox"/> care has deteriorated | <input type="checkbox"/> mild decrease in care |
| Financial: <input type="checkbox"/> eviction/repossession | <input type="checkbox"/> threatened eviction | <input type="checkbox"/> threatened repossession |
| Financial: <input type="checkbox"/> termination of credit | <input type="checkbox"/> change in credit use | <input type="checkbox"/> missed/late payments |
| Work: <input type="checkbox"/> self-employed | <input type="checkbox"/> unemployed | <input type="checkbox"/> not seeking work |
| Work/School: <input type="checkbox"/> quit, expelled, LOA | <input type="checkbox"/> formal warning or EAP | <input type="checkbox"/> informal warning |
| Work/School: <input type="checkbox"/> absent 3 days in a row/wk | <input type="checkbox"/> absent 2 days in a row/wk | |
| Work/School: <input type="checkbox"/> sporadic absences 7days | <input type="checkbox"/> sporadic absences 4-6 days | <input type="checkbox"/> sporadic absences 3 days or less |
| Productivity: <input type="checkbox"/> not meeting expectations | <input type="checkbox"/> significantly decreased | <input type="checkbox"/> mild decrease productivity |
| Student: <input type="checkbox"/> homebound | <input type="checkbox"/> stopped extra-curricular | <input type="checkbox"/> decreased extra-curricular |
| School: <input type="checkbox"/> suspended x2 | <input type="checkbox"/> suspended x1 | <input type="checkbox"/> drop in grades/productivity |
| School: <input type="checkbox"/> failed courses x2 | <input type="checkbox"/> school resistance daily | <input type="checkbox"/> occasional resistance |
| Peers: <input type="checkbox"/> cult or gang activity | <input type="checkbox"/> change to negative peers | <input type="checkbox"/> easily manipulated by peers |
| <input type="checkbox"/> actual/perceived target of social rejection | <input type="checkbox"/> physical or emotional abuse: victim or perpetrator | |

Treatment History, Risks and Recommendations:

History: Prior treatment: Dates: _____
type: _____ location: _____
 no previous treatment

Risks: health concerns residence/support system issues inadequate coping skills
Explain: _____

Recommend: Inpatient rehab Partial hospital Intensive outpatient Outpatient
Facility: _____ Start date: _____ Counselor: _____

Compliance: unable or unwilling with negotiation expected to comply agrees with treatment
Transportation is available: yes no

Signature: _____ **Tele:** _____ **Date:** _____