

Network Health Plan Outpatient Treatment Report for AODA Services - Concurrent

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: _____
Substance(s) of Abuse: _____ Axis V: GAF: _____
Current level of treatment: Inpatient/Rehab/Partial Intensive Outpatient Outpatient

Adherence to Current Treatment: Check all that apply within the last FIVE sessions:

AODA programming attendance: _____ # Appointments scheduled. _____ # Appointments attended.
Engaging in Treatment Milieu: yes no. Explain: _____
Quantitative drug analysis results: decrease: _____ times, increase: _____ times.
Toxicology Screen/Breathalyzer results: negative: _____ times, positive: _____ times.
Medication Management appointments attendance: _____ # scheduled _____ # appointments attended
 fails to respond to psychiatric meds no adherence to psychiatric meds regime

Check all services provided in the last FIVE sessions:

| | | |
|--|--|--|
| <input type="checkbox"/> clinical assessment daily | <input type="checkbox"/> psychiatric/medication eval w/ky | <input type="checkbox"/> psychiatric/med eval as needed |
| <input type="checkbox"/> substance evaluation weekly | <input type="checkbox"/> substance evaluation as needed | <input type="checkbox"/> Tox screen/breathalyzer as needed |
| <input type="checkbox"/> behavioral contract | <input type="checkbox"/> goal-directed treatment plan | <input type="checkbox"/> 12-step/self-help group recommend |
| <input type="checkbox"/> ind/group/fam therapy 3hr/day, 3/wk | <input type="checkbox"/> ind/group/fam therapy 2hr/day, 2/wk | <input type="checkbox"/> ind/group/fam therapy 2hr/day, w/ky |
| <input type="checkbox"/> education group 1hr/day, 2/wk | <input type="checkbox"/> other: _____ | |

Symptoms/Behavior: Check all that apply within the last FIVE sessions:

| | |
|--|--|
| <input type="checkbox"/> drug glorification | <input type="checkbox"/> preoccupation with getting high/past drugging experiences |
| <input type="checkbox"/> cravings | <input type="checkbox"/> guilt/remorse/shame |
| <input type="checkbox"/> drug seeking | <input type="checkbox"/> med mgmt needed to support recovery |
| <input type="checkbox"/> med mgmt needed to control symptoms | <input type="checkbox"/> self-mutilation |
| <input type="checkbox"/> suicidal ideation without intent | <input type="checkbox"/> homicidal ideation without intent |
| <input type="checkbox"/> anxiety <input type="checkbox"/> depression <input type="checkbox"/> irritability | <input type="checkbox"/> psychosis <input type="checkbox"/> hypo/hypermania |
| <input type="checkbox"/> disruptive behaviors (threatening, daredevil, destruction of property, assault, brandishing weapon) | |

Functional Impairments: Check all that apply within the last FIVE sessions:

| | | |
|---|--|--|
| Mood: <input type="checkbox"/> labile | <input type="checkbox"/> irritable/hostile | <input type="checkbox"/> occ. verbal hostility |
| Impulse: <input type="checkbox"/> poor control | <input type="checkbox"/> requires monitoring | <input type="checkbox"/> controlled |
| Coping: <input type="checkbox"/> easily frustrated | <input type="checkbox"/> after hours Crisis Intervention | <input type="checkbox"/> difficulty following instructions |
| Work/School: <input type="checkbox"/> decreased productivity | <input type="checkbox"/> absent 1x/week | <input type="checkbox"/> absent 2x/month |
| Work/School: <input type="checkbox"/> one verbal/written warning | <input type="checkbox"/> suspended 3 days | <input type="checkbox"/> substance use suspected |
| Social: <input type="checkbox"/> avoids others <input type="checkbox"/> isolative, avoids contact | <input type="checkbox"/> interpersonal conflict | <input type="checkbox"/> intrusive boundaries |
| <input type="checkbox"/> withdrawn <input type="checkbox"/> unable to ask for help | <input type="checkbox"/> manipulated by peers | <input type="checkbox"/> not developing sober supports |

Treatment Request, History and Risks:

Requesting: same level of care. Requesting _____ additional sessions.
 alternate level of care: inpatient partial hospital intensive outpatient outpatient
Facility: _____ Start date: _____ Contact person: _____
History: treatment prior to current: dates: _____ type: _____ location: _____
 no previous treatment
Risks: health concerns residence/support system issues inadequate coping skills
Explain: _____
Compliance: unable or unwilling only with negotiation expected to comply
Transportation is available: yes no

Signature: _____

Tele: _____

Date: _____

Revised: March 2007