

UTILIZATION REVIEW FORM

Client Name: John
Client DOB: 02/16/1996
Date: 05/18/2016

Explanation of Mental Status Items:

Barriers to Step-down/Risks of a Less-structured Environment:

Recent Triggers Identified:

Coping Skills Developed:

Note High Risk Situations and Feelings which Contribute to Relapse:

If extensive treatment history, what will be different this time:

Most Recent Family Session (Dates, participants, outcome):

Current/Completed Assignments:

D/C Plan:

Participation (Groups, Individuals, Meetings, Milieu):

General Notes: