KINGSTON TRUST FUND

Utilization Management

PRE-CERT CO.: HUGHES & ASSOC.
PHONE: 844-583-3863
FAX: 601-981-1778

ITR Form

Mental Health/Substance Abuse Treatment Plan

Client Information	Provider Information
DATE OF ADMISSION:	NAME/FACILITY:
NAME:	SPECIALTY/CERTIFICATION:
INSURED:	ADDRESS:
ID #:	CITY:
ADDRESS:	STATE & ZIP:
CITY/STATE/ZIP:	DIRECT # TO CLINICIAN:
HOME PHONE:	FAX #:
CELL NUMBER:	TAX ID #:
BIRTH DATE:	PRECERTIFICATION REQUEST
	AUTHORIZATION #:
	Fax ITR form to Nurse Review 72 HOURS AFTER ADMIT

PRESENTING PROBLEMS:
PRIMARY ICD 10:
CPT CODE:

SECONDARY:

MENTAL STATUS DESCRIPTION:

CURRENT MEDICATIONS:

RISK ASSESSMENT:

IMPRESSION SUMMARY:

PERSONALITY DISORDER:

MENTAL RETARDATION:

PSYCHOSOCIAL, ENVIRONMENT, OCCUPATIONAL, EDUCATIONAL PROBLEMS:

CLINICAL DISORDER:

MEDICAL PROBLEMS OR DISEASE:

TREATMENT PLAN:

TREATMENT MODALITIES:

GOALS:
PROGNOSIS:
PROJECTED # OF DAYS:
GOALS MET FOR DISCHARGE: