



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:	<p>PRECERTIFICATION REQUEST</p>
<p>AUTHORIZATION #:</p>	
<p>Fax ITR form to Nurse Review 72 HOURS AFTER ADMIT</p>	
<p>PRESENTING PROBLEMS: PRIMARY ICD 10: CPT CODE:</p>	
<p>SECONDARY:</p>	
<p>MENTAL STATUS DESCRIPTION:</p>	
<p>CURRENT MEDICATIONS:</p>	

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: