



An Anthem Company

Behavioral Health Concurrent Review Form

Please fax this form to 1-877-434-7578 on the last authorized day.

Today's date:		
Contact information		
Member name:	Member ID or reference number:	Member date of birth:
Member address:		Member phone number:
Facility contact name and phone number (if changed):		Name of facility:
Facility provider number or NPI:		Facility unit and phone number (if changed since initial review):
Diagnoses (Document changes only.)		
Risk assessment		
In the past 24 to 48 hours, has the member shown suicidal or homicidal thoughts or plans, physical aggression to self or others, or command auditory hallucinations? On close observation, has the member shown drug and/or alcohol withdrawal symptoms or comorbid health concerns?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		

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Lab results

Medications

List current medications and any changes with dates. Include medications for physical conditions. If medications require prior authorization, indicate how this is being addressed. Indicate as-needed medications actually administered and when.

Summary of family therapy (date, time, who participated, outcome):

Summary of nursing notes:

Summary of M.D. notes:

Other treatment plan changes or assessments (include results of chemical dependency assessment, medical assessments or treatments):

Response to treatment:

Involvement in treatment or discharge planning of member, family/guardian(s), outpatient providers or other identified supports:

Discharge planning

Note changes and barriers to discharge planning in these areas and plan for resolving barriers. If a recent readmission, indicate what is different about the plan from last time.

Housing issues:

Psychiatry:

Therapy and/or counseling:

Medical:

Wraparound services:

Substance abuse services:

Was a post-hospitalization discharge appointment scheduled?

Yes No

Appointment date:

Days requested or expected length of stay from today:

Submitted by:

Phone number:

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.