



**Psychiatric Review Worksheet  
for  
Concurrent Review (All Ages)**

Your Name: \_\_\_\_\_ Tel #: \_\_\_\_\_ FAX # \_\_\_\_\_

Today's Date: \_\_\_\_\_ NPI #: \_\_\_\_\_

Facility: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Medicaid #: \_\_\_\_\_ Admit Date \_\_\_\_\_ Reference #: \_\_\_\_\_

Number of Days Requested \_\_\_\_\_ Would you like reply by phone or FAX? \_\_\_\_\_

*Anticipated DC date, plan, follow-up:* \_\_\_\_\_

*Address questions from last review:* \_\_\_\_\_

*Medication orders, changes, levels:* \_\_\_\_\_

*Precautions, level changes:* \_\_\_\_\_

*Test results:* \_\_\_\_\_

*Names of groups (first concurrent):* \_\_\_\_\_

*Inpatient necessity (behaviors; unit and school performance):* \_\_\_\_\_



*Mental status (mood, affect, thought disorders):* \_\_\_\_\_

\_\_\_\_\_

*Participation, investment, insight:* \_\_\_\_\_

\_\_\_\_\_

*Progress towards stabilization/benefit from treatment:* \_\_\_\_\_

\_\_\_\_\_

*Treatment plan:* \_\_\_\_\_

\_\_\_\_\_

*Family (or equivalent) involvement; appropriate discharge preparation:* \_\_\_\_\_

\_\_\_\_\_

*Other pertinent information:* \_\_\_\_\_

\_\_\_\_\_

*Information needed (next review):* \_\_\_\_\_

\_\_\_\_\_

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