



**Psychiatric Worksheet  
for Pre-service Review  
(Participants 21 Years or Older)**

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

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

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

Participant's Name: \_\_\_\_\_ Sex \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_

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

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

Urgent: \_\_\_\_\_ Non-urgent \_\_\_\_\_

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

*Chief complaint, presenting problem, symptoms, precipitating event* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past inpatient history; outpatient history, including approximate dates for most recent care.**

*Outpatient medications:* \_\_\_\_\_

\_\_\_\_\_

*Concurrent medical diagnosis affecting psychiatric condition:* \_\_\_\_\_

\_\_\_\_\_

*Substance use/abuse, issues:* \_\_\_\_\_

\_\_\_\_\_

*Legal charges, issues:* \_\_\_\_\_

\_\_\_\_\_

*Family & social history, school (brief summary):* \_\_\_\_\_

\_\_\_\_\_

*History of physical/sexual abuse (when, for how long, has it been reported?)* \_\_\_\_\_

\_\_\_\_\_

*Mental status (thought content, thought disorder, mood, affect; behaviors):* \_\_\_\_\_

\_\_\_\_\_



Is intellectual deficit suspected? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment plan, precautions, testing ordered (detailed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated length of stay, discharge plan with follow-up: \_\_\_\_\_  
\_\_\_\_\_

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

Questions/issues for next review: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diagnosis Description: \_\_\_\_\_ Code(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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670 East Riverpark Lane, Suite 170 Boise, ID 83706  
Phone: (866) 538-9510 **Idaho Review FAX (866) 539-0365**