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CLINICAL INFORMATION SHEET

This document is to accompany the **BEHAVIORAL HEALTH PRE-CERTIFICATION REQUEST FORM**

Name of Patient		Completed By		Date	
DSM IV#	PRIMARY DIAGNOSIS			DATE FIRST DIAGNOSED	
CLINICAL INFORMATION (Reason for Admission)					
MEDICATIONS					
MEDICAL NECESSITY (Behavioral Medicine Continuum of Care (BMCOC) – Criteria met to justify level of care):					
DIMENSIONS		SEVERITY PROFILE (✓)			
		HIGH	MEDIUM	LOW	
1. Acute intoxication and /or withdrawal potential					
2. Biomedical conditions & problems					
3. Emotional/behavioral conditions and problems					
4. Treatment acceptance/resistance					
5. Relapse potential/recidivism					
6. Recovery environmental/family support					
CLINICAL SUMMARY (Elaborate on patient's high or medium value problems in each assessment dimension by giving a brief narrative summary that integrates past history with current functioning and severity):					
TREATMENT PLAN (Brief description of plan and how treatment will improve this patient's condition):					