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## Clinical Information Sheet

This document is optional to accompany the Precertification Request Form.

<b>Name of Patient</b>	<b>Completed by</b>	<b>Date</b>
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DSM IV#	Primary Diagnosis	Date First Diagnosed
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**CLINICAL INFORMATION** (Reason for Admission)

**MEDICATIONS**

**TREATMENT PLAN** (Brief description of plan and how treatment will improve this patient's condition)