

Behavioral Health Service Request Form

Inpatient, Subacute, and CSU Services

RATIONALE for REQUEST						
CURRENT RISK						
Risk level scale: 0 = none; 1 = mild, ideation only; 2 = moderate, ideation with either a plan or history of attempts; 3 = severe, ideation AND plan, with either intent or means						
Check the risk level for each category and check all boxes that apply.						
Risk to self (SI)	0	1	2	3	With ideation intent plan means	
Risk to others (HI)	0	1	2	3	With ideation intent plan means	
Current serious attempt or non-suicidal self-injury?	Yes No (if yes, describe below)			Check: SI HI	Date of most recent attempt:	
If above checked yes, please describe:						
Prior serious attempt or non-suicidal self-injury?	Yes No (if yes, describe below)			Check: SI HI	Date of attempt:	
If checked yes above, please describe:						
CURRENT IMPAIRMENTS						
Scale: 0 = none; 1 = mild; 2 = moderate; 3 = severe; N/A = not assessed						
Check the impairment level for each category. For any severe impairment (3), please give brief description.						
Mood disturbance (depression, mania)	0	1	2	3	N/A	
Anxiety	0	1	2	3	N/A	
Psychosis	0	1	2	3	N/A	
Thinking/cognition/memory	0	1	2	3	N/A	
Impulsive/reckless/aggressive	0	1	2	3	N/A	
Activities of daily living	0	1	2	3	N/A	
Weight change associated with Behavioral Health diagnosis last three months	0	1	2	3	N/A	
Medical/physical conditions	0	1	2	3	N/A	
Substance abuse/dependence	0	1	2	3	N/A	
Job/school performance	0	1	2	3	N/A	
Social/marital/family problems	0	1	2	3	N/A	
Legal	0	1	2	3	N/A	
Stressors	0	1	2	3	N/A	
Orientation/alertness /awareness	0	1	2	3	N/A	
Support System (describe)						
Current living situation:	homeless	independent	family	foster home	incarcerated	other:
CURRENT / PREVIOUS TREATMENT						
Is a psychiatrist involved in the member's care? Yes No						
If yes, when was the member last seen and what services are being rendered?						
History of hospitalization in the past year? Yes No						
Name of Facility:			Dates:			

