



Behavioral Health
Substance Use Disorder and Recovery Services

Medical / Behavioral Health Clearance

An Authorization for Release of Protected Health Information (PHI) signed by the client must accompany this clearance in order to disclose this information.

The client listed below has been assessed for Withdrawal Management (Detoxification) and/or Residential Treatment. In order to effectively and safely administer services for the client we request they obtain a Medical and/or Psychiatric clearance.

Client Name: _____ Date: _____

Date of Birth: _____

A. Definitions and Treatment Environment

Withdrawal Management (Detoxification)

- American Society of Addiction Medicine (ASAM) Level:
- 3.2WM: Clinically Managed Residential Withdrawal Management:
 - Services are provided in a group setting
 - Service delivery – social setting withdrawal management program
 - Patients withdrawal signs and symptoms at this time do not require the full resources of a medically monitored inpatient withdrawal management facility
 - Protocols in place for transfer to high level of care when warranted

Residential Treatment

- American Society of Addiction Medicine (ASAM) Level:
- 3.1 Clinically Managed Low-Intensity Residential Services
 - 3.2 Clinically Managed Population Specific High-Intensity Residential Services
 - 3.5 Clinically Managed High-Intensity Residential Services
 - Services are provided in a group setting (living/sleeping accommodations and group therapy)
 - Patient is ambulatory (able to self-groom, attend individual and group therapy/educational sessions, assist with daily living activities in a group setting, participate in recreational activities of their choice, etc.)

B. Type of Clearance Requested

Medical Clearance Psychiatric Clearance

C. Clearance – This section to be completed by provider

Medical Health Provider: *please check the appropriate response*

Medical Status

- At this time the severity of the patient's medical condition at this time does not prevent them from participating in Withdrawal Management (Detoxification) and/or Residential Treatment services.
- At this time the severity of the patient's medical condition requires further consultation from a specialist and participation in Detoxification and/or Residential Treatment services is **not** recommended.

Behavioral Health Provider: *please check the appropriate response*

Psychiatric Status

- At this time the severity of the patient's psychiatric condition does not prevent them from participating in Withdrawal Management (Detoxification) and/or Residential Treatment services.
- At this time the severity of the patient's psychiatric condition requires further assessment by a licensed psychiatrist or psychiatric nurse practitioner and participation in Detoxification and/or Residential Treatment services is **not** recommended.

Medical Diagnoses

Psychiatric Diagnoses

Medical Diagnoses	Psychiatric Diagnoses

Current Medications:

Please assist the treatment facility in maintaining continuity of care by prescribing non-narcotic medications whenever possible. Thank you

Type	Dosage	Directions

Additional Instructions

LPHA/MD's Printed Name:

Date:

LPHA/MD's Signature:

Phone Number

LPHA Consultant or Specialist's Printed Name

Date:

LPHA Consultant or Specialist's Signature

Phone Number