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Empowering Change.

IRTS PLACEMENT REQUEST/REVIEW FORM

Date:	Client Name:	D.O.B.:	SSN:	Sex: M F (circle one)
Case Mgr:		Phone #:	Supervisor:	
Home Address:				
Current Location (if not home):			SW Name and #: Anticipated d/c date:	
Length of time in facility:				
Diagnoses	Axis I: Axis II: Axis III:			
LOCUS Level:		Date of LOCUS:	ATTACH CURRENT LOCUS FORM	
Type of Commit: ☐MI ☐MI/CD ☐CD ☐MI&D		Voluntary Client? ☐ Yes ☐ No	Guardianship/Legal Status:	

Benefits

☐ MA open	☐ MA pending	PMI #:	☐ SMRT Pending	☐ MN Care	☐ GAMC	☐ SoSec pending	☐ GA
☐ SSI	☐ RSDI	☐ Waiv	☐ Employed	☐ County Pay	☐ Other Source of Income:		
Applications Filed:	☐ Yes	☐ No					

Commercial Insurance

Name of Plan:		
Type of Plan:		
Plan # or Consumer ID #:	Group #:	ID #:
R&B Contribution to IRTS, if any:		Client agrees? ☐ Yes ☐ No

Rationale for this Placement or Review (Medical Necessity, be specific)

Goals for Placement & Treatment

1.

2.

3.

4.

Is client ambulatory? *If no, describe:*	☐ Y	☐ N	
Does client need 24-hour nursing services? Does client have other health care needs? Is client insulin-dependent? If yes, can client administer own insulin?	☐ Y ☐ Y ☐ Y ☐ Y	☐ N ☐ N ☐ N ☐ N	

Does client have poor impulse control?	☐ Y	☐ N	
Does client have history of property destruction?	☐ Y	☐ N	
Does client have history of violent behavior or threats? If yes, what specific behaviors have been observed?	☐ Y	☐ N	
Is client able to take appropriate action for self-preservation under emergency conditions (i.e. fire or severe weather conditions)? If no, describe.	☐ Y	☐ N	
Does client have history of self-injurous behaviors? If yes, complete below:	☐ Y	☐ N	
Describe Behavior(s), frequency, history, known triggers, and any resulting hospitalizations			
Does client have history of suicide attempts? If yes, complete below:	☐ Y	☐ N	
Describe Attempt(s), methods, frequency, history, triggers, and any resulting hospitalizations (including dates)			
Does client have history of arson and/or is at current risk for fire setting? *If yes, describe.*	☐ Y	☐ N	
Does client have history of sexually victimizing others and lacks behavior control? *If yes, describe.*	☐ Y	☐ N	
Is client able to manage medical and personal hygiene needs within the scope of services provided directly or that can be brought into the facility? *If no, describe.*	☐ Y	☐ N	
Does client take medications as prescribed? *If no, describe history of taking medications, medication non-compliance, "cheeking" meds, IM, etc.*	☐ Y	☐ N	
Does client have history or current problems with alcohol or drugs?	☐ Y	☐ N	
Has client been through CD treatment?	☐ Y	☐ N	
If yes, describe drug of choice, sobriety/harm reduction, and other circumstances:			
List treatment history:			
Is client agreeable to treatment? *If client is resistant, how is this presented?*	☐ Y	☐ N	
Does client have past or current legal issues? *If yes, describe historical, current, and pending legal issues, as well as nature of offense(s) and consequences, if any:*	☐ Y	☐ N	
Have there been problems in other settings?	☐ Y	☐ N	
Have there been barriers to treatment in the past? *If yes, describe.*	☐ Y	☐ N	

Additional Information pertinent to IRTS placement (support system)

Does client have support systems, cultural considerations, nutritional considerations, etc. ☐ Yes ☐ No

If yes, describe.

Post-Treatment Plans (in detail, if known):

Concerns or Risk Factors to Post-Treatment Plan: