



Behavioral Health Psychiatric Residential Treatment Facilities (PRTF) Initial Review Form

(Behavioral Health and/or Autism Spectrum Disorder)

Today's date:		
Contact Information		
Member name:	Member ID or reference number:	Member date of birth:
Member address:	Member phone number:	
For child/adolescent, name of parent/guardian and relationship:	Primary spoken language:	
Facility/provider submitting request for PRTF:	Requested admitting PRTF (if known/applicable):	
Requested PRTF admit date:	Member's current location:	
Where does member currently reside? I.e., Home, group home (including name), foster home?		
Can member return to place of residence? Yes <input type="checkbox"/> No <input type="checkbox"/>		
For members in DFCS custody or DJJ commitment only: Submit legal documents, medication authorization forms, and any contact restrictions.		
DFCS <input type="checkbox"/> DJJ <input type="checkbox"/> Both <input type="checkbox"/>		County of custody:
DFCS Case Manager Name:	DFCS Case Manager phone:	DFCS Case Manager Email:
DJJ Case Manager Name:	DJJ Case Manager phone:	DJJ Case Manager Email:
List of information reviewed to determine need for PRTF level of care, (historical and current clinical documents, admission screening forms, assessments, etc.)		

Person requesting the PRTF pre-certification review:	Phone:	
Staff person's name and position (of person who can provide the peer review: (physician, nurse, social worker, therapist)	Phone:	Email:

Diagnosis
<p>Include Psychiatric, Chemical Dependency and Medical</p>

Precipitant to Admission
<p>Clearly document symptoms occurring within the last 3 months including timeline. Comment on any issues with depression, anxiety, aggression, sexualized behavior, eloping, self-harm, harm to others, suicidality, homicidality, legal issues. Include calls to crisis line or police.</p>

Social History
<p>Include information about birth history, development and milestones, out of home placements, peer relationships, academic grade, IEP or any other academic accommodations, and legal problems/upcoming court hearings/probation.</p>

Support System

Include coordination activities with case managers, family members who reside in the home and maintain guardianship, CPS involvement, community agencies, etc. If case is open with another agency, name the agency, phone number, email, and case number. Include pertinent legal documentation regarding custody and/or guardianship and consents for communication with support system.

Medical History

Include any information regarding history of cardiac problems, head-injuries, neurologic problems, or other significant medical problems. Note any recent surgeries and any aftercare required. Allergies to medications, food, or other items should be listed and reaction should be noted.

Include contact of outside pediatrician or specialists and date of last exam. If provider actively follows patient provide information and consent for communication with provider.

IF AVAILABLE, include copies of most up to date lab work, physical exam, vaccinations, immunizations, dental examinations, and COVID testing.

Current Legal Issues

Is member in a juvenile detention center? Has member had an adjudication hearing? If so, what is the date?

Is member on probation? If permanency/guardianship is being reviewed by the court what is the status? If so, what future court dates are scheduled and what are guardianship and communication terms?

Substance Abuse or Dependence

Current urinary analysis/lab results **IF AVAILABLE**

Include information regarding any prior substance abuse treatment. Note any drug use. Include copy of most recent Urine Drug Screen **IF AVAILABLE**

Previous Treatment

Include emergency departments, inpatient, rehab, partial hospitalization program, outpatient program, family intervention, community support individual, intensive community supports, etc.

Has this member had a psychological evaluation?

Yes Date _____ No

*** attach most recent psychological if available***

Current Treatment Plan

Standing medications:

As-needed (PRN) medications administered (not ordered):

Other treatment and/or interventions planned and Emergency Safety Interventions:

Barriers to Treatment Progress in Current Level of Care

Include any challenges related to the 5 social determinants of health: Economic Stability, Education Access & Quality, Healthcare Access & Quality, Neighborhood & Built Environment, and Social & Community.

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Projected Discharge Plan

What is the projected discharge plan for this member upon stepping down from PRTF? i.e., foster/group home, home with wraparound services, IFI, PHP, IOP, etc. List names of providers, addresses and phone numbers. List name and phone number of discharge planner.

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Days requested for this review:

Submitted by:	Phone number:	Email address:
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