Acute Treatment Services (ATS) for Substance Use Admission Notification Form

Point32Health

Harvard Pilgrim Health Care TUFTS Health Plan

Completed forms can be faxed to the following locations:

- For Tufts Health RITogether, fax to 857-304-6404
- For Harvard Pilgrim Health Care, fax to 800-232-0816

Today's date / / Date of request or fax / / Date of admission / /

Providers must submit notification for ATS for substance use within two business days of admission.

Member Information

Member name

Member ID #

Member address (*street, city, state, ZIP*)

Facility Information

Facility name NPI #

Facility address (*street, city, state, ZIP*)

Case Manager Phone Secure fax

Presenting problem

Diagnosis

ICD-10 Alpha Numeric Diagnosis Code from Prior Level of Care

Withdrawal Symptoms (*Check all that apply*)

Seizures Diarrhea Elevated temperature Anxiety

DTs Abdominal cramps Orthostatic hypertension Irritability

Delirium Dilated pupils Tachycardia Restlessness

Piloerection Increasing respiratory rate Muscle spasms Paranoia

Nausea Sweating Muscle and bone pain Insomnia

Vomiting Tremors Lacrimation Agitation

Prior severe withdrawal, when?

Severe withdrawal imminent

CIWA-Ar score CIWA-B score CINA score

Other

Aftercare Plan

Outpatient Therapy Medication Management Structured Outpatient Addition Program (SOAP)

Community Support Program (CSP) Level 3.5 post-detoxification step down

Other