



Telephone #: 1-800-868-1032
 Fax #: 803-714-6456

Outpatient Substance Abuse Treatment Request Form: **Continued Stay**
This form is not used for IOP/Partial treatment requests.
Contact CBA via phone to obtain precertification for IOP/Partial treatment.

Please complete the entire form to request group or individual therapy for substance abuse and fax back to CBA at 803-714-6456. **Fax requests for Mental Health Counseling and subsequent updates using the Outpatient Treatment Report form.**

Facility Name and Phone #: _____
 Patient's Name: _____ ID Card #: _____
 Start Date for Treatment: _____
 Patient's Date of Birth: _____ Current _____
 Date: _____
 Clinician to See Patient: _____ Date: _____
 Clinician NPI #: _____ Group NPI #: _____

Address Where

Services are Rendered:

Current Treatment: Individual _____ Group _____ Family _____ (sessions/month)

Diagnosis: _____ CPT Treatment Codes: _____
 Axis I _____ 90804 _____ sessions/week
 Axis II _____ 90806 _____ sessions/week
 Axis III _____ 90847 _____ sessions/week
 Axis IV _____ 90853 _____ sessions/week
 Axis V Initial GAF: _____ Other _____ sessions/week
 Current GAF: _____

Document Any Relapses:

Date	Substance	Self-Report	UDS	Breathalyzer

Document Family Sessions and Results:

Date	Session/Result

Check All that Apply:

Individual Participation Active Moderate Minimal
 Family Participation Active Moderate Minimal
 Outside AA/NA Attendance None 1-4/Week >4/Week
 Sponsorship None Temporary Permanent

Areas Affected:

Self Active Moderate Minimal
 Family Active Moderate Minimal
 Work/School Active Moderate Minimal

Skill Development:

Relapse Prevention Poor Progress Average Progress
 Craving Management Poor Progress Average Progress
 High-Risk Situations Poor Progress Average Progress
 Other: _____ Poor Progress Average Progress

Response to Treatment: _____