

Acute Inpatient Continued Stay Clinical Information Form

Fax completed form to your assigned Tufts Health Plan Commercial care manager

Hospital:		
Member name:	DOB:	Member number:

Diagnosis:	Procedure date: Procedure:	Admission reason:
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Medical history:

Continued stay date:	through:
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Current mental status:

Current functional status:

Enter InterQual [®] criteria set used for review:
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Clinical information to support continued stay:	Example: V.S. IVFs meds/route & frequency Treatments / frequency Imaging date/results Procedures date/results Pertinent labs Consults date/recommendation
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IVs, IM Meds	Frequency

Treatment	Frequency

Consults	Date	Results

Labs	Date	Results

Present discharge plan / needs or placement options:	
Care manager name:	Care manager # or beeper:

Discharge Information

Discharge date:

*The Tufts Health Plan Care Management department fax number is 617.972.9470 or 617.972.9471.
Please see listing for individual DCM.