TUFTS Health Plan

Acute Treatment Services (ATS) Substance Use Admission Notification Form – Tufts Health RITogether

Fax the completed form to 857.304.6404.

Today's date: _____/_____/_____

Providers must submit notification for ATS for substance use within one business day of admission.

Date of request or fax: _____/_____/_____ Date of admission: _____/_____/_____

MEMBER INFORMATION

Name: _____ ID #: _____

Facility address: _____

City: _____ State: _____ ZIP: _____

FACILITY INFORMATION

Name: _____ NPI #: _____

Facility address: _____

City: _____ State: _____ ZIP: _____

Case manager: _____ Phone: _____ Fax: _____

Presenting problem: _____

DIAGNOSIS

ICD-10 code: _____

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
☐ Other: _____ _____ _____	☐ Prior severe withdrawal, When? _____ _____ _____	☐ Severe withdrawal imminent ☐ CIWA-Ar score:_____ ☐ CIWA-B score:_____ ☐ CINA score:_____	

AFTERCARE PLAN

☐ Outpatient therapy

☐ Medication management

☐ Level III.5 post-detoxification step down

☐ Structured outpatient addiction program (SOAP)

☐ Community support program (CSP)