BlueCross BlueShield of Alabama

An Independent Licensee of the Blue Cross and Blue Shield Association

Psychiatric / Substance Abuse Continued Stay Review Form

Fax: 866-218-6536 ; 205-220-6536
*For Federal Certification Fax 205-220-6605

Review Date:	Admission Date:	
Patient Name:	Contract Number:	
Hospital Name:	Hospital Telephone Number:	
Physician Name:	Physician Number:	
Contact Name:	Phone Number:	Fax Number:

AREAS OF ASSESSMENT:

Factors justifying need for continued care:
Medication changes / PRN:
Treatment Plan:
Anticipated Discharge Date:
Discharge Plans:

Revised November 2006