

Partial Hospitalization Program (PHP)/ Intensive Outpatient Program (IOP) Concurrent Review



Please complete the review below if providing more than 60 sessions of PHP/IOP and submit via fax to 1-844-818-9289.

PHP IOP

Date: _____

Reviewer name: _____ Phone number: _____

Patient name: _____

Reference number/Sponsor ID: _____

Number of days attended (include reasons for absence): _____
Number of additional days requested: _____

Brief description of current status (to include mental status, suicidal ideations, homicidal ideations, self-injurious behaviors):

Participation in program (include family involvement if child/adolescent):

Medications (include dates new medications added or dosages adjusted, when applicable):

Clinical justification for this level of care versus outpatient therapy/medication management (must include symptoms specific to patient and reason patient cannot be safely discharged to lower level of care at this time):

Projected discharge date: _____

For active duty service members only:

Military personnel approving extension: _____

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