MetroPlusHealth

50 Water St., 7th Floor • New York, NY 10004
1.800.303.9626 • TTY: 711 • metroplus.org

Mental Health Notice of Admission

Member Information

Member	
Member ID	
City, State	
DOB	
MR Number	
Is Member Pregnant?	☐ Yes ☐ No
Is Member Homeless?	☐ Yes If Yes, please describe Click or tap here to enter text. ☐ No

Service Requested

Services	☐ Acute Inpatient Psychiatric Service ☐ Intensive Outpatient Program (IOP) ☐ Partial Hospitalization Program (PHP)
Facility/Provider Name/Site	
Facility/Provider ID/ NPI	
Date of Admission	
Date/Time of Request	

Clinician Assigned

Requestor Name	
Reviewer Name	
Phone Number	
Reviewer Email	

Diagnosis	**Description**	**ICD-10**
Primary BH/SUD Diagnosis		
Additional BH/SUD Diagnosis (add all)		
	Description	**Code**
Medical Diagnosis 1		
Medical Diagnosis 2		
Medical Diagnosis 3		
Medical Diagnosis 4		

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ROI for Coordination and Care Planning

Was release of information signed for the PCP?	☐ Yes ☐ No ☐ No PCP ☐ Member Refused
Was release of information signed for Outpatient Providers?	☐ Yes ☐ No ☐ No OP or Provider ☐ Member Refused

Initial Treatment Plan

Is the member adherent to medication prescribed?	☐ Yes ☐ No ☐ Unknown ☐ No Medication Prescribed
LOC Requested	

Special Population Indicators

Is the member currently court ordered to receive Assisted Outpatient Treatment?	☐ Yes ☐ No ☐ Unknown ☐ N/A
Does the member have a history of Assisted Outpatient Treatment?	☐ Yes ☐ No ☐ Unknown ☐ N/A

Health Home

Is the member involved with a health home?	☐ Yes ☐ No ☐ Unknown
If no or unknown, is member eligible for a health home?	☐ Yes ☐ No ☐ Unknown

Additional Support Services

Please indicate which supports and services are involved or will be involved in member's care		
☐ No Supports	☐ Treatment Providers	☐ Foster Care Agency
☐ Family Supports	☐ Employment Supports	☐ Local Government Unit
☐ Social Supports	☐ Dept of Social Services	☐ SPOA
☐ Other Community Services		