



PacificSource Community Solutions, Inc.
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Chemical Dependency Outpatient Treatment Plan

Please fax the completed form to (541) 330-4910.

Patient Information			
Last Name:		First Name:	
Date of Birth:		Member ID Number:	
Contact/Provider Information			
Contact Person:	Name:		Date:
	Phone:		Extension: Fax:
Treating Provider:	Name:		License Type:
	Mailing Address:		
	City:		State: Zip:
	Phone:		Extension: Fax:
Treatment Information			
Current Doctor diagnosis:			
Number of visits requested:		Requested date range for visits: From: _____ To: _____	
Number of visits per week:	Number of hours per session:	Level of care: <input type="checkbox"/> IOP <input type="checkbox"/> Outpatient	
<u>Note:</u> Treatment duration is limited to six months. If you need more time, please note reasons in the "Comments" section on this form or contact a Behavioral Health team case manager.			
Clinical Data (to support above diagnosis and treatment being provided)			
Describe the progress for each ASAM Dimension. If there is lack of progress, describe how it is being addressed.			
Dimension 1 — Acute intoxication and/or withdrawal:			
Dimension 2 — Biomedical conditions and complications:			

Clinical Data (continued)

Dimension 3 — Emotional, behavioral, or cognitive conditions:

Dimension 4 — Readiness to change (current stage):

Dimension 5 — Relapse, continued use, or continued problem potential:

Dimension 6 — Recovery/living environment:

Has your patient had a mental health assessment? Yes No

List date of assessment, provider, resulting diagnosis, and treatment objectives to address areas of concern:

Is your patient currently taking psychotropic medication? Yes No Not Sure

List current medications:

Type of prescribing clinician: PCP PMHNP Psychiatrist Other:

Clinical Data (continued)

Are you coordinating care with the prescriber? Yes No

Is your patient involved with other types of providers/community services? Yes No

Describe coordination of care:

Describe after-care plans:

Comments:

If you have any questions please call [Amanda Williams] at [(541) 706-5186] or toll-free at [(800) 431-4135], 8:00 a.m. to 5:00 p.m., Monday through Friday.

Sincerely,

[Amanda Williams]
Behavioral Health Services
PacificSource Community Solutions, Inc.