

Clinical Justification for Continuing Substance Use Disorder (SUD) Services

Date:	Facility ID: _	Pro	ogram ID:	
· ·		nsive Outpatient (2.1) \Box al (3.3) \Box High Intensity Clin	☐ Low Intensity Relically Managed R	
Date of Admission: Extension Request #1			Request #1	Date:
		Extension F	•	Date:
		Extension F	•	Date:
Number of days requested in this extension:				
□2 weeks □ 30 days □ 45 days □ 3 months □ Other # of days				
				Severity Rating
□ Dimension 1: Acute Intoxication and/or Withdrawal Potential			>	Severity Rating
□ Dimension 2: Biomedical Conditions and Complications				
Dimension 3: Emotional, Behavioral, or Cognitive Conditions and Complications				
Dimension 4: Readiness to Change				
□ Dimension 5: Relapse, Continued Use, or Continued Problem Potential				
□ Dimension 6: Recovery/Living Environment				
Indica	te the reason why th	is client needs to remain at tl	heir current level	of care.
Problem, Symptoms, conditions, diagnosis,			Narrative	
risk facto	ors			
Comments (What problems have been addressed and what are the outstanding problems):				
Counselor Printed Name:	Counselor Printed Name: Counselor Signa			Date:
		- 0		-
LPHA Printed Name:	LPH	LPHA Signature:		Date: