

## Intensive Outpatient Cheat-Sheet

### Rationale for Continued Request Example:

Client is a 28-year-old male who presented to IOP after completing an inpatient psych stay for Major Depressive Disorder and Alcohol Use Disorder. Client attends IOP day group 3x weekly, Tuesday/Wed/Thur. Client often participates and is engaged in the group discussion. Breathalyzer: 8/8/18 + Alcohol, 8/15/18 + Alcohol. Intervention was held with client who admitted to relapsing due to current depressive symptoms. Client has a scheduled psych appointment for 8/16/18 to discuss current symptoms and medication-assisted treatment (MAT). Last psych appointment was on 8/5. Current meds: bupropion-xl 150mg. Client to continue to work on developing coping skills to manage feelings of worthlessness. Denies SI/HI. D/C plan: Outpatient appointment for therapy and medication management at scheduled at local MHC, expected d/c date 8/24/18. If additional info is needed, please contact Sally Smith at 555-555-5555.

**\*Character count cannot exceed 1,000 characters**

Information Needed For Concurrent Review	Child IOP	Adult Mental Health IOP	Substance Use IOP
<b>Days &amp; frequency of IOP</b>	X	X	X
<b>Attendance &amp; Participation</b> *Compliance issues	X	X	X
<b>Current Symptoms of Diagnosis</b>	X	X	X
<b>Treatment Goals &amp; Progress</b> *Interventions utilized	X	X	X
<b>Safety Concerns</b> *Suicidal/homicidal ideation/Self-harm	X	X	X
<b>Date of Last Psychiatrist/APRN Appointment</b>	X	X	X
<b>Medications</b> *Frequency & dosages	X	X	X
<b>Urine Drug Screen and/or Breathalyzer</b> *Date(s) & results *Interventions for positive screens		If applicable	X
<b>Family Session(s)</b>	X	If applicable	If applicable
<b>Discharge Plan</b> *Planned discharge date *Discharge level of care *Barriers to discharge	X	X	X
<b>Contact name &amp; phone number of reviewer</b>	X	X	X