



**FAMILY STABILIZATION TEAM
CONCURRENT REVIEW FORM**

**BEHAVIORAL HEALTH DEPARTMENT
PHONE: 855-644-1776 Fax: 413.233.2700**

Please complete thoroughly. Send completed form to Minuteman Health, Inc. (MHI) Behavioral Health Department for review and decision.

MUST ENCLOSE RELEVANT CLINICAL DOCUMENTATION TO SUPPORT THIS REQUEST.

Provider Name: _____ Office Phone: _____

Clinician Name: _____ Phone(s): _____

Member Name: _____ DOB: _____

MHI ID: _____

Phase: 2 3 Start Date: _____ End Date: _____

Concurrent Diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

Problem Area #1: _____

Progress on Treatment Goal(s): None Limited Moderate Good

Problem Area #2: _____

Progress on Treatment Goal(s): None Limited Moderate Good

Problem Area #3: _____

Progress on Treatment Goal(s): None Limited Moderate Good

Problem Area #4: _____

Progress on Treatment Goal(s): None Limited Moderate Good

Outpatient Appointments:

Therapist: _____ Appointment Date: _____

Psychiatrist: _____ Appointment Date: _____

Other Provider: _____ Appointment Date: _____

Collateral Contacts/Meetings: _____ Appointment Date: _____